

### 

Citation # \ , Item #7Awas corrected on (date)
Explain how condition(s) were corrected.
THE JOB WAS COMPLETED. FOR FUTURE WORK, EMPLOYEES
WILL BE PROPERLY FIFTED WITH RESPIRATORS AND WORK
ON Z HOUR SHIFTS.
Citation # 1, Item # 16 was corrected on (date)
Explain how condition(s) were corrected.
SAME AS ABOVE
·
Citation # 1, Item #7Cwas corrected on (date)
Explain how condition(s) were corrected.
PROPER RESPIRATORS WILL BE SUPPLIED ON ALL
FUTURE WORK. FIT TESTING IS BEING PERFORMED.
NO WORK REQUIRING RESPIRATORS WILL BE PERFORMED
UNTIL ALL REQUIREMENTS ARE MET.
Citation # , Item # was corrected on (date)
Explain how condition(s) were corrected.

### **PPLICATIONS**

## **USE AGAINST**

- Contaminants specified on NIOSH approval label or bag or cartridges or filters/prefilters.
- Contaminants with good warning properties, i.e. smell, taste or irritation.

## DO NOT USE AGAINST

- . Concentrations of contaminants which are unknown, or are immediately dangerous to life or health.
  - Concentrations of contaminants which exceed the maximum use concentration or 10 times the OSHA Permissible Exposure Limit, whichever is lower.
- Gases or vapors with poor warning properties or those which generate high heats of reaction, or paint sprays containing isocyanates, or sandblasting.
  - 4. Oil-based mists with N filters.

## WARNING TO USER

- I. Follow all instructions and warnings on the use of these respirators and wear during all times of exposure. Failure to do so will reduce respirator effectiveness, wearer protection, and may result in sickness or death.
  - 2. The user must first be trained by the employer in proper respirator use, in accordance with applicable safety and health standards, for the contaminant and exposure level in the assigned work area.
    - 3. The vapors, gases, dusts, mists, fumes, and other contaminants which can be dangerous to your health include those which you cannot see, taste, or smell.
- 4. Check with your supervisor for the appropriate cartridges and/or filters for the contaminants in your work area.

### RESTRICTIONS:

- 1. This respirator does not supply oxygen and must not be used in atmospheres containing less than 19.5% oxygen.
- Do not remain in contaminated area if any physical distress occurs, for example breathing difficulty, dizziness or nausea.
- Leave contaminated area and replace respirator and/or cartridge or filter if it is damaged, distorted, a proper fit cannot be obtained, you taste, smell or become irritated by contaminants, or breathing becomes difficult.
  - 4. Do not alter, modify, or abuse this respirator.
- Store respirator in sealed bag in a clean, dry, noncontaminated area.
- Dispose of facepiece, and/or cartridges, disks/filters and prefilters, according to your employer's policy and local regulations.
- 7. Prefilters are required for particulates.
- 8. Where oil mists are present either alone or in combination with solid particulates, do not use the R or P filters or prefilters for longer than one eight-hour work shift: Dispose no later than eight hours after first use. Do not exceed 10XPEL or a total of 200 mg loading per respirator, whichever is lower. It is the users responsibility to know the PEL and concentration of the contaminant, the maximum workrate of the employee, and any other work site specific information to calculate the loading of the filter.
- 9. Dispose of all cartridges, N, R, P, filters and prefilters, no later than thirty days after first use.
  - 10.Only use N, R, or P prefilters with chemical cartridges.
    - 11.Use cartridges, filters, and facepieces before the "use by" expiration date printed on box.

# TECHNICAL SERVICE LINE

lintains a toll-free Technical Service Line to answer spirators, contaminants and regulations. If you have any questions call questions about the use of Maria

## SELECTION GUIDE

the contaminant in your work area. Check with your supervisor respirator and/or cartridges and/or filters and/or prefilters for to determine if you have the correct protection. Refer to the Use this Selection Guide to help you select the correct NIOSH label for approval limitations.

ARTRIDGES	Approval	TC-23C-1223	TC-84A-1337	TC-23C-1809
WITH C	Size	σΣJ	ωΣJ	ωΣ J
IRATORS	Model#	8101 8102 8103	8111N 8112N 8113N	8601 8602 8603
ACCEMBLED RESPIRATORS WITH CARTRIDGES	ASSEMBLED TES		Paint Spray/Pesticide- waterbased, non oil only (includes 8910N95 prefiliers, 8020	retainers, 8100 cartrioges) Multi Gas∕Vapor®

© OSHA regulations require gas-proof goggles, when used against Formaldehyde. ① Refer to NIOSH label for approval limitations.

RETAINE	RETAINERS/HOLDERS/ADAPTORS	APTORS
Description	Part #	Approval
Retainer	8020	
Disk/Filter Holder®	8800 or 8900	
Piggyback Adaptor	8820 or 8920	

AFPI A	REPI ACEMENT CARTRIDGES	IDGES
Hazard	Part #	Approval
Organic Vapor	8100	TC-23C-1223
Acid Gases	8200	TC-23C-1224
Organic Vapors/ Acid Gases	8300	TC-23C-1225
Ammonia/ Methylamine	8400	TC-23C-1369
Formaldehyde <sup>®</sup>	8500	TC-23C-1409
Multi Gas/Vapor®	8600	TC-23C-1809
P100 Particulates	0668	TC-84A-1443

- Refer to NIOSH label for approval limitations.
   Can be used with #8940 and 8910.
   OSHA regulations require gas-proof goggles, when used against Formaldehyde.

	_	443
KS	Approval	TC-84A-1443
SLED RESPIFICULATE DIS	Size	ω⊠¬
8900 SERIES ASSEMBLED RESPIRATORS WITH P100 PARTICULATE DISKS	Model#	8941 8942 8943
8900 SEI WIT	Hazard	P100

IT PARTS	Packaging	4/Bag 5 Bags/Case	6/Bag 5 Bags/Case
SOON SEBIES BEDI ACEMENT PARTS	Model#	0082	0083
SIGES COOP	Description	Head Strap Assembly including yoke, buckles and 2 straps	Exhale Valve Assembly including holder and diaphragm

Can be used with all gas/vapor cartridges.

## PRE-INSPECTION

Inspect your respirator before and after wearing. Do not wear, and return to your supervisor if:

- and return to your supervisor in:

  1. Headstraps are torn, cut, or have lost elasticity.
- Buckles or head cradle are missing, damaged or broken.
  - . Facepiece is cracked, torn, distorted, dirty, or has holes.
    - Inhalation/Exhalation valves are missing, torn,
- damaged, or not properly seated.

  5. Cartridges are at the end of their service life, cracked, damaged, or not properly seated.

### TIME

## FITTING INSTRUCTIONS

- Read instructions on respirator bag or see fit poster for proper fitting.
  - Users must follow instructions each time respirator is worn.
    - OSHA regulation 1910.134 (f) requires that the user be fit tested.
- Do not wear with any facial hair, such as beards, which may prevent a proper fit.
  - 5. If you cannot obtain a proper fit, do not enter the contaminated area and see your supervisor.



Place respirator under the chin and pull the cradle to the top of the head so it rests on the crown.

NIOSH label for approval limitations.

Attach the bottom straps behind the neck.



Adjust both straps to obtain a secure and comfortable fit. Tighten by pulling on ends, or loosen by pushing out on buckle tab.



Seal check your respirator each time you enter a contaminated area.

## USER SEAL CHECK

Read instructions on respirator bag or see fit poster for seal check procedures.



Positive Pressure Seal Check:
Cover the exhalation valve vents, and exhale gently to create a slight positive pressure. If air leakage is detected, readjust the position of the facepiece, and the tension of both headstraps, and repeat the seal check until leakage is eliminated.



Negative Pressure Seal Check:
Cover both cartridges, and gently inhale and hold your breath. The facepiece should slightly collapse. If air leakage is detected, readjust the position of the facepiece, and tension of both headstraps, and repeat the seal check until leakage is eliminated.

WARNING: If you cannot obtain a proper fit, do not enter the contaminated area and see your supervisor.

### FIT TESTS

A qualitative or quantitative fit test must be performed before a respirator is assigned. Refer to current OSHA and/or NIOSH regulations, current ANSI Standards, and all other applicable regulations for complete details.

Qualitative fit testing can be performed using bitrex with appropriate cartridges or filters. Quantitative fit testing can be performed with cartridges fitted with probes.

### CARTRIDGES

# CHEMICAL CARTRIDGE SERVICE LIFE

Leave contaminated area, and replace cartridges, if you smell, taste, or feel any irritation, in your nose or throat. Consult your supervisor. Replace after each day of use, or sooner.

# CARTRIDGE REPLACEMENT

To remove the cartridge, gently pull and lever out of the facepiece. Before replacing with a new cartridge, inspect the facepiece to cartridge sealing surface, to make sure it is clean and undamaged. Only use replacement cartridges from sealed bags. Press the cartridge channel into the radial mount



lip of the facepiece and snap in. Check to see that it is seated properly, both on the inside and the outside and flush against the facepiece. Check the inhalation diaphragms for dirt or damage and see that they are seated properly.

## DISKS/FILTERS

# DISK/FILTER HOLDER ASSEMBLY

Before assembling disk or filter holder, inspect the facepiece sealing surface, to make sure it is clean and undamaged. Press the disk or filter holder channel into the radial mount lip of the facepiece. Check to see that the holder is properly sealed,



that the holder is properly sealed, both on the inside and the outside, and flush against the face-piece. Insert disk or filter into retainer ring, so that the side indicated is away from face.

Check to see that disks or filters are properly sealed. Check the inhalation diaphragms for dirt or damage and see that they are properly seated.

Warning: Only use 8800/8900 disk/filter holder with 8900 disk/filter series. Only use 8820/8920 disk piggyback adaptor disk/filter series. Only use 8820/8920 disk piggyback adaptor with 8940 P100 disk. Failure to do so may result in sickness or death.

# PREFILTER, FILTER AND DISK SERVICE LIFE

Leave contaminated area, and replace prefilters, filters, disks or cartridges, if they become damaged, solled, torn, or if you experience increased breathing resistance.

Use Restrictions: Where oil mists may be present in the work area you must follow page 5 point 8 and also points 9 and 10 for important restrictions on the use of these filters.

# PREFILTER REPLACEMENT

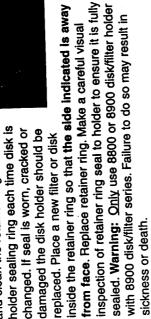


To remove the old prefilter, gently pull off the prefilter retainer. Place a new prefilter inside the retainer so that the side indicated is away from face. Replace the retainer.

Warning: Only use 8020 retainer with 8910 prefilter. Failure to do so may result in sickness or death.

# FILTER/DISK REPLACEMENT

To remove the old filter or disk, gently pull off the filter/disk retainer ring. Discard old filter or disk. Inspect and clean the retainer ring and the holder sealing ring each time disk is changed. If seal is worn, cracked or damaged the disk holder should be damaged the disk holder should be



## PIGGYBACK REPLACEMENT

To remove the old disk, gently pull off the disk retainer ring. Discard old disk. Then gently pull off disk piggyback adaptor. Inspect and clean the piggyback adaptor and retainer ring each time the disk is changed. If seal is worn, cracked or damaged the



piggyback adaptor should be replaced. To remove the cartridge, gently pull and lever out of the facepiece. Before replacing with a new cartridge, inspect the facepiece to cartridge sealing surface, to make sure it is the facepiece to cartridge sealing surface, to make sure it is clean and undamaged. Only use replacement cartridges from sealed bags. Press the cartridge channel into the radial mount lip of the facepiece. Check to see that it is seated properly, both lip of the inside and the outside and flush against the facepiece. Check the inhalation diaphragms for dirt or damage and see that they are seated properly. Replace the piggyback adaptor

on the new cartridge. Place a new disk inside the retainer ring retainer ring. Make a careful inspection of retainer ring seal to with 8940 P100 disk. Failure to do so may result in sickness so that the side indicated is away from face. Replace the Warning: Only use 8820 or 8920 disk piggyback adaptor piggyback adaptor to ensure it is fully sealed. or death.

## MAINTENANCE



## FACEPIECE SERVICE LIFE

tions and contaminants to which it is deterioration), duration of exposure, The effective life of the facepiece will be influenced by the use condiexposed. These include the toxicity and concentration of the contaminants (e.g. Ketones and aromatic solvents will increase the rate of

ambient temperature, etc.

Do not use solvents to wipe or clean the facepiece as these will reduce its life. If the material shows any signs of cracking, Do not expose to high ambient temperatures (above 160° F) wrinkling, or aging, then discard the facepiece immediately. as this will distort the facepiece, and may affect fit. REPLACEMENT PARTS

Use only Moldex replacement parts for Moldex respirators. **EXHALATION VALVE INSPECTION** 

inspection, replace diaphragm inside holder and check to see distortion, or any other damage. To wash the exhalation valve diaphragm, remove from the holder. After washing and/or face-piece. Clean and check the diaphragm for dirt, leaks, Pull out plastic diaphragm holder from the inside of the that it is fully seated.

Diaphragm holder must be inserted as indicated by arrows.

When holder is correctly inserted guidepins will face up toward you.

cannot be properly maintained, then replace immediately. If the exhalation valve does not function properly, or CLEANING

Your respirator should be cleaned after each day's use, or more frequently if necessary.

the facepiece and exhalation diaphragm with a soft brush in a diaphragm, and headstrap from the facepiece. Gently scrub Remove the prefilters, cartridges, exhalation valve mild germicidal detergent.

Rinse in fresh water and air dry. Inspect components and reassemble, or replace respirator if worn, damaged or deformed. Use only warm water for machine washing.

# INFORMATION FOR USE AGAINST TB

## GENERAL INFORMATION

OSHA and CDC have recommended the use of any of the particulate respirators approved under 42CFR84 as a means of providing help in complying with a program designed to reduce occupational exposure to tuberculosis.

data. However, proper use of appropriate Moldex respirators program should reduce, but not necessarily eliminate risk of The level of effectiveness of respiratory protection from tuberculosis cannot be determined with currently available in conjunction with a comprehensive respiratory protection

## FILTER REPLACEMENT

Filter replacement and disposal should be in accordance with each Health Care Facilities comprehensive respiratory

### DISINFECTION

If specific substances must be used to kill TB, consultation with the Health Care Facility and tests must be run to ensure the compatibility of the disinfectants with the 8000 facepiece SEE SEPARATE (MATRIX) LABEL FOR 42 CFR 84 NIOSH APPROVALS.

## LIMITED WARRANTY

IMPORTANT NOTICE TO PURCHASER

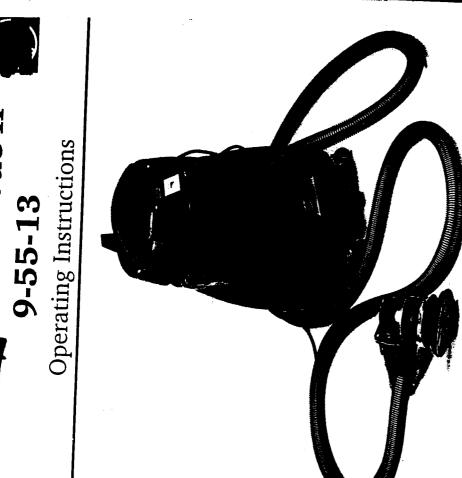
This limited warranty is made in lieu of the warranties of merchantability, fitness for particular purposes and all other warranties, express or implied. There are no other warranties which extend beyond the description on the face hereof. The physical standards and specifications of Moldex will be met by products sold.

Exclusive Remedies: damages for the breach of this limited warranty are limited to the replacement of such quantity of contractions of the spound of the spo



U.S. Patent #5,505,197 and Patents Pending. Made in U.S.A. 8000-710 REV K 6/98

# Turbo Vac II



# ATTENTION: READ BEFORE USING

VACUUM CLEANER IS SUPPLIED FROM THE FACTORY WITH A MAINS SUPPLY CABLE WHICH HAS AN EARTHED (GROUNDED) PLUG. IT MUST network. The plug has to protected with a min. of 15 Amperes. IMPORTANT: THE Make sure that the voltage name plate of the device corresponds to the voltage of your ONLY BE CONNECTED TO AN APPROVED EARTHED SOCKET.

Before any maintenance work, pull the plug from the mains outlet.

ATTENTION: EXPLOSION AND FIRE HAZARD! Never vacuum flammable fluids, such as gas, oil, alcohol, solvents, etc. Do not work near flammable fluids or gas. Never vacuum warm fluids or material at more than 140° Fahrenheit (60° Celsius), such as burning cigarettes, ashes, glowing coals, etc.

ATTENTION: DO NOT VACUUM HAZARDOUS/CARCINOGENIC DUST! Unless the optional HEPA filter is installed.

Do not pull the cable and do not damage the insulation of the cable. When faulty, the Always keep the filter cartridge cleans to that the vacous cable has to be immediately replaced.

# COMPONENT PARTS

(m)

Switch ON-OFF B A

OPTIONA

- Socket for Electric Tools; max. 2000 Watt
- Switch AUTOMATIC:

C

cally starts when the accessories atached Position A: vacuum cleaner automati-Position M: vacuum cleaner running to plug B are activated

Motor Filter

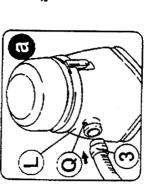
шш

- Float valve flap
- Filter cartridge (accessory)
  - Paper-dustbag (accessory)
  - Cloth filter O H X
- Container
- Locking clamps for power head Σ
  - Shock absorber 0
    - Wheels
- Fixing button for hose
- Anti-foam filter (accessory)



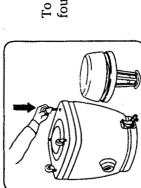
- Combination attatchment for floors and carpets
  - Attatchment for fluids
- Anti-foam filter (for wet vacuuming)
  - Hand grip with air control
- Brush for sensitive surfaces: furniture, frames, etc. Extension tubes
  - Upholstery attachment
    - Crevice nozzle

# ASSEMBLY INSTRUCTIONS (continued)



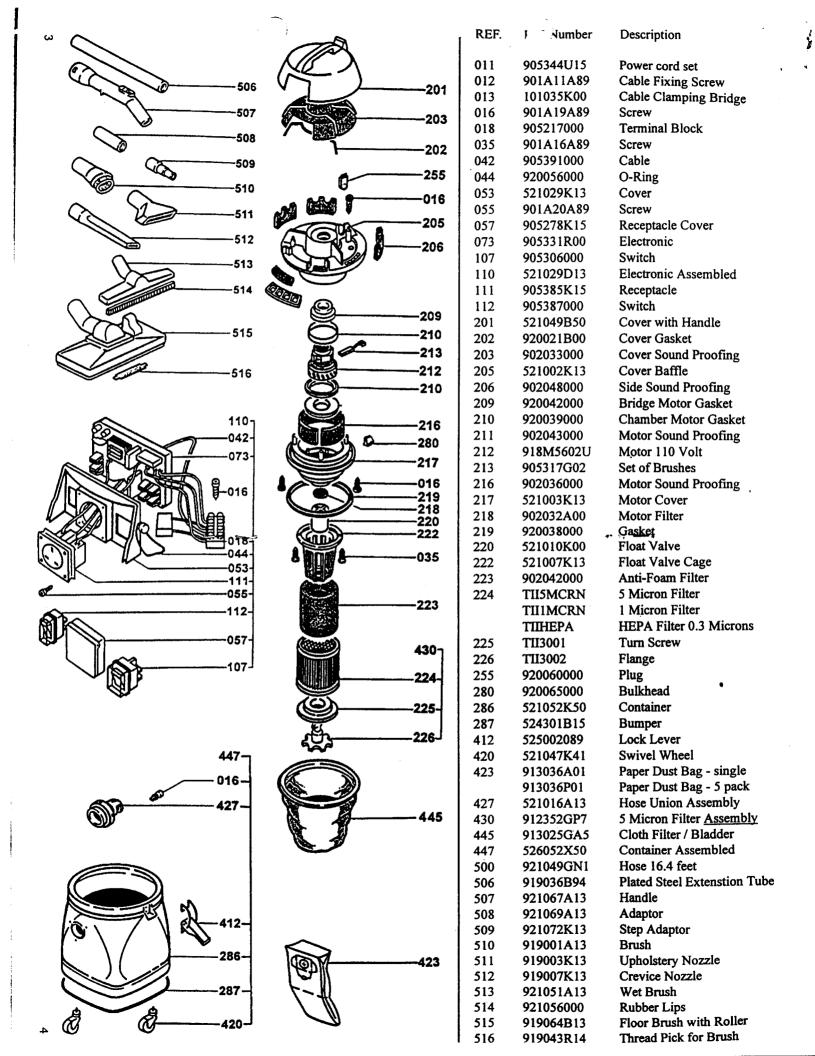
a) Connect the hose (3) to the receptacle by pressing in. In order to remove the hose, press button() and draw back the hose simultaneously.

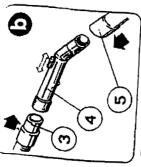
(continued on page 5)

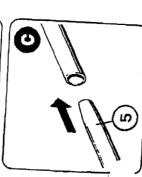


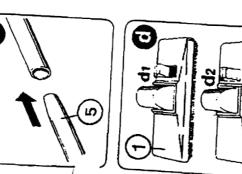
To attach the wheels, press the wheel posts into the four holes provided.

**ASSEMBLY INSTRUCTIONS** (continued)



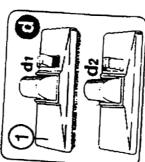






b) Connect the grip (4) with the other end of the hose by pressing in. The grip is provided with a suction of the arrow. In order to get full suction pressure, pressure regulating device. Turn in the direciton keep the regulating device closed.

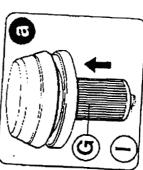
connnected by pressure. For disassembling, slightly c) Tube extension pieces and accessories can be turn both parts and draw apart.



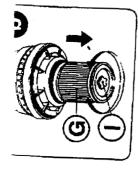
floors in PVC, LINOLEUM, STONE, etc. press the d) Use of the combination attachment (1): for hard switch button with the foot, so that the bristles emerge (d). For carpets, the bristles have to be etracted (d2)

# SUCTION OF DRY DUST AND DIRT

dust 5.0 microns in size and larger. Should you desire more efficient containment, use (#TII5MCRN) or a 1 Mircon pleated filter cartridge (#TII1MCRN), and filter م you prefer a pleated type filter; you can purchase a 5 Mircon pleated filter carbags. For hazardous dusts, a HEPA filter can be purchased which will filter dust The cloth filter/bladder that came with your down to 0.3 mircons (#TIIHEPA).



- a) The optional filter cartridge ©has to be completely pushed in and fixed by turning the fixing button. Check that it fits properly.
  - button () counterclockwise and draw off the filter b) In order to remove the filter cartridge turn the cartridge.



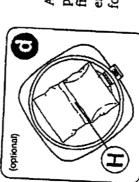
filter/ bladder that came with your vacuum, or a TER CARTRIDGE for dry vacuum cleaning. It quickly pleated filter must be used. Failure to use a filter when NEVER USE VACUUM CLEANER WITH A WET FIL. dry vacuum cleaning, could damage the motor.

becomes clogged and in a short while unusable.

the tube-connection in the receptacle; fig. c. and d When using this paper-dustbag the dirt can be removed Fix the optional paper-dustbag (A) to the inner side o more hygienically and the life-endurance of the filte cartridge will be increased.

The paper-dustbag (A) NEVER replaces the filter car tridge and cloth filter/ bladder can be used withou tridge or cloth filter/bladder. However, the filter car the paper-dustbag.

(optional)



ATTENTION: if suction pressure decreases, replace the paper-dustbag with a new one. From time to time the filter cartridge @ should be cleaned with a soft brush, ensuring longer life and at the same time higher performance.

# SUCTION OF FLUIDS



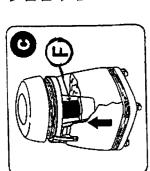
First, remove any dirt and dust residue left from previous cleaning operations from the container. Remove the cartridge filter © and replace it with the antifoam filter (R).

Neither the cloth filter/ bladder nor the paper filter bag have to be used during the suction of fluids.

In order to guarantee enough air flow, it is recommended not to immerse the accessories completely into the fluids (fig. b).

(Continued on page 7)

# **SUCTION OF FLUIDS** (continued from page 6)

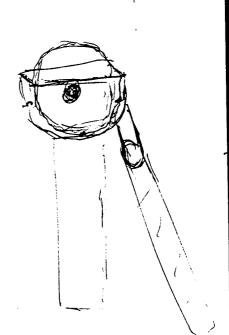


When the fluids have reached the highest permitted level in the tank, the float regulator (E) automatically blocks suction, and the motor gets noisier: switch the vacuum off IMMEDIATELY, pull out the plug, remove the suction head from the tank and empty the tank.

## **MAINTENANCE**

### After every use:

- Empty the tank (dirt, dust, and fluids).
- Never leave fluids in the tank. These could damage the material in the course of time.
- After having picked-up fluids, dry extension pieces, tube and motor parts by running the vacuum a few minutes, after having emptied the tank.
  - Always keep a reserve of paper dust bags and filter cartridges, so that the vacuum is always ready for use.









#### U.S. Department of Labor

Occupational Safety and Health Administration Tarrytown Area Office 660 White Plains Road 4th Floor Tarrytown, NY 10591-5107

Phone: (914)524-7510 FAX: (914)524-7515 OSHA Website Address: http://www.osha.gov



### INVOICE/ **DEBT COLLECTION NOTICE**

**Company Name:** 

**Inspection Site:** 

**Issuance Date:** 

Summary of Penalties for Inspection Number 301461018

Citation 1, Serious \$ 3250.00 Citation 2. Repeat \$ 1250.00 Citation 3, Other \$ 0.00 TOTAL PROPOSED PENALTIES 4500.00

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to:

"DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

Interest. Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is 3%. Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

<u>Delinquent Charges</u>. A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

Administrative Costs. Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.

#### U.S. Department of Labc

Occupational Safety and Health... nistration Tarrytown Area Office 660 White Plains Road 4th Floor Tarrytown, NY 10591-5107 (914) 524-7510 FAX: (914) 524-7515



OSHA Website Address: http://www.osha.gov

April 23, 1999

RE:	Abatement Certification Allstate Contracring Inc.	
	Inspection No. 301461018.	
FROM:		
11(01/1.	Area Director, Tarrytown Area Office	•

In accordance with 29 CFR 1903.19, Abatement Verification, effective May 30, 1997, employers are required to certify that abatement has been accomplished and, under certain circumstances, are required to submit documented proof of abatement of cited violations. The enclosed OSHA-2 Citation and Notification of Penalty has been annotated as to which items require abatement certification and which require abatement certification and documentation. Please list the specific method of correction and the date of correction for each citation item requiring abatement certification. In addition, please submit documentation for those items requiring abatement certification and documentation. Examples of such documentation would be evidence of purchase or repair of equipment, photographic or video evidence of abatement or other written evidence.

This information must be submitted to our office within 10 days of the date each violation must be abated.

I certify that all employees and their representatives have been informed of all abatement action taken on these violations.

I attest that the information contained in this document is accurate.

Signature	 		-	
Typed or Printed Name		<u> </u>		
		,		
Date				

### 

	Citation # , Item # was corrected on (date)
	Explain how condition(s) were corrected.
	Citation # , Item # was corrected on (date)
	Explain how condition(s) were corrected.
·	
	Citation # , Item # was corrected on (date)
	Explain how condition(s) were corrected.
	Citation # , Item # was corrected on (date)
	Explain how condition(s) were corrected.

#### HEALTH NARRATIVE

Inspection Number 301461018
COVERAGE INFORMATION es materials manufactured outside of New York State, including but not limited to,
Monsey Pro-Grade Flashing Cement #227, manufactured by
NATURE AND SCOPE
Check Applicable Boxes and Explain Findings:
x Complaint Items
1) Employees are exposed to silica during the grinding of cement pointing during the repair of the brick facing of the building. No engineering controls of wet methods are being used.
Silica sampling was performed on February 12, 1999. At this time the compliance officer cannot conclusively document that there was no overexposure to silica. In the compliance officer's professional opinion, the documentation collected supports that the employees were not overexposed to silica. Citations for safety violations will be issued at this time.
On the day of sampling CSHO observed the following: There were four employees at the job site. Two of the employees were on a scaffold using Bosch model # 11310 EVS chippers and Mekita model # 4014 NV blowers to remove caulking along the edge of windows. A third employee was on a scaffold performing cement pointing on brick using a Bosch model # 0601348 764 grinder. A WAP model # 9-55-13 vacuum was positioned on the scaffold to collect the dust from the pointing. The employee performing the pointing wore a Moldex respirator #800ZM with a particulate filter # P100. All employees wore ANZI approved UVEX goggles. The fourth employee was a laborer and performed tasks on the ground and throughout the job site.
2) Employees are exposed to fall hazards from sub-standard scaffolding as scaffolds are not fully planked and not provided with guardrail.
CSHO Olsson observed that the scaffolds did not contain standard guard railings or their equivalent at the ends. A citation will be issued.
Referral Items
Accident Investigation Summary & Findings
LEP
Planned Inspection
NATURE AND SCOPE - UNUSUAL CIRCUMSTANCES (Mark X and explain all that apply:)
None
Denial of entry (see denial memo)
x Delays in conducting the inspection
There was a slight delay in performing the monitoring for silica. We was extremely disturbed that a tenant in the building was harassing himself and his employees. After the opening conference was so aggravated that he stated to he was going to terminate the job. The met with the tenant association and the problem was resolved. The inspection then proceeded without incident.
Strikes
Jurisdictional Issues

Trade Ses
Comments:
OPENING CONFERENCE NOTES:
CSHO contacted the area office, AAD arrived at the site and an opening conference was held where the complaint items and formality of the inspection was discussed. Was informed that after the opening conference there would be a walkaround where video pictures would be taken, that employees would be interviewed in private, sampling for silica would be performed, and that after all the information was collected there would be a closing conference. On February 4, 1999 CSHO reviewed the information presented at the opening conference with the information was collected there would be a closing conference with the information presented at the opening conference with the information was collected there would be a closing conference with the information presented at the opening conference
RECORDKEEPING (Copy of OSHA 200's for General Industry must be in casefile)
Records (Mark "X" as appropriate)  OSHA 100  OSHA 101  OSHA 102  x OSHA 200
Supplementary Health Yes x No
Specify:
Poster X Yes No
Location of Poster: office
Additional Comments:
WALKAROUND OBSERVATIONS/UNUSUAL OCCURRENCES:
The site is located at as hired by tenant association to resurface the brick on the outside of the four story building. There were 4 employees working at the site. On the day of the inspection the employees were removing caulking from the windows.
OSHA EXPOSURE MONITORING.
Performed?:  X Yes No  Sampled For: silica and noise
See the complaint item for detail on silica monitoring.
Employees were sampled for noise exposure on February 12, 1999. See the OSHA 91 forms for detail.

Full Shift/Screening: full shift

Significant Delay(s)?			
If yes, explain:	x No		
El	MPLOYER'S OCCUPA	TIONAL HEAL?	TH PROGRAM
MONITORING PROGRA	M	age objection of the	°a a ∵ata
Is any sampling being performance Yes	med? Sold?	*n	en e
If Yes, Describe:Hazard	By Whom Method	Frequency	
Were overexposures docume Yes Were results obtained by CS Yes	x No	EILLANCE PRO	GRAM
B. diamet become		BBBB TRO	
Does the employer have a m  Yes  Are any programs required to Yes  Were any deficiencies noted  Yes	x No  oy OSHA health standard  x No		
Yes	No		
Yes	No		
	EDUCATION ANI	TRAINING PR	OGRAM
Does the employer have an a X Yes  Are any programs required to Yes  Were any deficiencies noted  Yes	No OSHA health standard  No	s (other than the l	Hazard Communication Standard)?
RECORDK	EEPING PROGRAMS	(Other than 29	CFR 1904 requirements)
Does the employer have a remedical, training, respirator Yes Are any programs required to Yes Were any deficiencies noted Yes	fit tests, ventilation means of the No No OSHA health standard No on content, frequency of No No	surements, etc.)? s? access?	ational health issues (monitoring,
	COMPLIAN	ICE PROGRAM	S

(engineering controls, PPE, regulated areas, emergency procedures, compliance plans, etc.)

Address any relevant compliance efforts regarding potential health hazards covered by the scope of the inspection.

### PERSONAL HYGIENE FACILITIES AND PRACTACES (showers, lockers, change rooms, etc.)

Are any required by OSHA health standards?
What Standards:
Were any deficiencies noted?
What:
LABELING AND POSTING POLICIES AND PROCEDURES (Other than 29 CFR 1903, 29 CFR 1904 and Hazard Communication Standard)
Are any required by OSHA health standards?
What Standards:
Were any deficiencies noted?
What:
HAZARD COMMUNICATION PROGRAM
The written hazard communication program is located in a previous case file. CSHO Olsson obtained the MSDSheet for materials used at this job site.
Written Program (complete)
MSDS's (sll)
MSDS's (all)  x Yes No
Labeling (adequate)
Training (complete)
x Yes No
Copy MSDSs/Programs attached
Comments:
ACCESS TO EXPOSURE & MEDICAL RECORDS
employees are aware of how to access MSDSheets FIRE PROTECTION AND EVACUATION PROCEDURES
n/a
SYSTEMS SAFETY AND EMERGENCY RESPONSE n/a
RESPIRATOR PROGRAM n/a, silica exposure is not expected to be above the PEL
LOCKOUT TAGOUT/ \ELECTRICAL SAFE WORKPRACTICES
n/a FIRST AID
a hospital is located nearby ELECTRICAL SAFE WORKPRACTICES
electrical violations will be issued
EXPOSURE CONTROL PLAN n/a
LABORATORY STANDARD n/a
ERGONOMIC PROBLEMS
If yes, complete the items 1 and 2 below.
1.Lifting (10% or more similarly exposed employees injured)
a. Total # of employees exposed to job:

,				
•	b. Total # of cases for job:			
	2.CTD's (10% or more similarly exposed employees have CTD's; 5% or more CTs cases)			
	a. Total # of employees exposed to job:			
	b. Total # of cases for job:			
	Other significant injury/illness trends:			
	If yes, explain.			
	EVALUATION OF EMPLOYER'S OVERALL SAFETY AND HEALTH PROGRAM			
	General Industry:  Yes No Employer has a Safety & Health Program			
	Yes No Written			
	Yes No Copy Attached			
	Construction Industry:    x Yes No Accident Prevention Program			
	x Yes No Written			
	Yes x No Copy Attached			
	Evaluation of Safety and Health Program (0=Nonexistent 1=Inadequate 2=Average 3=Above average)			
	2 Written S&H Program			
	2 Communication to Employees			
	1 Enforcement			
	2 Safety Training Program			
	2 Health Training Program			
	2 Accident Investigation Performed			
	2 Preventive Action Taken			
	Comments:			
	CLOSING CONFERENCE NOTES:			
	2. CTD's (10% or more similarly exposed employees have CTD's; 5% or more CTs cases)  a. Total # of employees exposed to job:  b. Total # of cases for job:  Other significant injury/illness trends:  Yes No  If yes, explain.  EVALUATION OF EMPLOYER'S OVERALL SAFETY AND HEALTH PROGRAM  General Industry:  Yes No Employer has a Safety & Health Program  Yes No Copy Attached  Construction Industry:  X Yes No Copy Attached  Construction Industry:  X Yes No Written  Yes No Copy Attached  Evaluation of Safety and Health Program  O=Nonexistent 1=Inadequate 2=Average 3=Above average)  Written S&H Program  C Communication to Employees  1 Enforcement  2 Safety Training Program  2 Health Training Program  2 Health Training Program  2 Accident Investigation Performed  2 Preventive Action Taken  Comments:  CLOSING CONFERENCE NOTES:  A closing conference was held with on Pebruary 3, 1999, During the closing conference AAD about the 15 days to contest the citations, and the availability of the 7C state consultants. On February 4, 1999 CSHO telephoned that when the silica results arrive management at Allstate Restoration will be informed and if employees were overexposured to silica citations may be issued.  Were any unusual circumstances encountered such as, but not limited to, abatement problems, expected contest and/or negative employer attinude? If yes, explaine blow.			

O.Closing Conference Checking ("x" as appropriate)  No Violations Observed
Gave Copy Employer Rights
Reviewed Hazards & Standards
x Discuss Employer Rights/Obligations
Encouraged Informal Conference
X Offered Abatement Assistance
Discussed Consultation Programs
Employer/Employee Questionnaires
Closing Conference Held with Employee Representative
Jointly Separately

TARRYTOWN AREA OFFICE INFORMAL CONFERENCE NOTES ESTABLISHMENT: Name/Address: CSHO/REPORT#: 30/46/0/8 LAST CONTEST DATE PRE CONTEST:\_ POST CONTEST: <u>EMPLØYER REP(s): Name:\_</u> Title:\_ UNION REP(s): Name: Affiliation/Local Title:\_ Name: Affiliation/Local OSHA REP(s): INFORMAL CONFERENCE NOTES: The busto Bis &

INFORMAL CONFERENCE NOTES CONTINUED: provided from their skeetmetal shop a local quard Exhaut. Area Director/Supervisor:

### U.S. Department of Labor

Occupational Safety and Health . \_ministration Tarrytown Area Office 660 White Plains Road 4th Floor Tarrytown, NY 10591-5107 (914) 524-7510

(914) 524-7510 FAX: (914) 524-7515

OSHA Website Address: http://www.osha.gov



April 23, 1999

Mr. President

Dear I

An inspection of your workplace at following hazards:

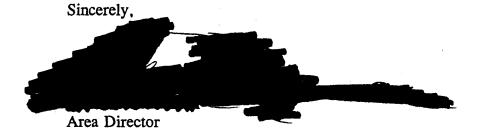
disclosed the

On or about February 12, 1999, one employee performing grinding of preexisting mortar between bricks on the outside of the building was overexposed to crystalline silica (respirable quartz). The employee was exposed in excess of the calculated threshold limit value (TLV) of 0.470 mg/m3 (milligrams per meter cubed of air). This employee's eight hour time-weighted-average was 2.62 mg/m3 of crystalline silica (respirable quartz) which was 5.57 times the TLV of 0.470 mg/m3.

Although OSHA standards do not currently require that employees exposed to excessive levels of silica be placed in a medical surveillance program, I strongly recommend that you voluntarily take the following actions to protect your employees:

Place the above employee in a medical surveillance program that follows the protocol recommendations indicated in Appendix C of the OSHA document Special Emphasis. Program (SEP) for Silicosis dated May 2, 1996. A copy of this document is enclosed.

If you have any questions feel free to contact from the following from the staff at the above phone number.



### U.S. Department of Labo.

Assistant Secretary for Occupational Safety and Health Washington, D.C. 20210



MAY 2 1996

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS

FROM:

ASSISTANT SECRETARY

SUBJECT:

Special Emphasis Program (SEP) for SILICOSIS

This memorandum provides inspection targeting quidance for implementing an OSHA-wide Special Emphasis Program (SEP) to reduce, and eliminate the workplace incidence of silicosis from exposure to crystalline silica. The policy set forth in this memorandum is effective immediately. This SEP covers most SIC codes where an exposure to crystalline silica may exist. Inspections initiated under this SEP shall be scheduled and conducted in accordance with the provisions in the Field Information Reference Manual (FIRM) and the Revised Field Operations Manual (FOM). (1,2) Regional Administrators and Area Directors shall ensure that the procedures established in this memorandum are adhered to in the scheduling of programmed inspections. Regional Administrators shall also ensure that the State Consultation Program Managers and the State Plan State Designees in their Regions are appraised and aware of the contents of this SEP and its required Area Office outreach initiatives. In all Federal enforcement states, and state plan states which adopt this program policy, Regional Administrators are to encourage the Consultation Programs' full cooperation and assistance in this Agency-wide effort.

Background information on crystalline silica and silicosis can be found in Appendix A to this document.

#### **Procedures**

### General Industry Targeting:

Inspections conducted under this special emphasis program shall be scheduled and conducted under the priorities listed below. Wherever possible (data permits) inspections shall be focused to particular establishments where overexposures to crystalline silica are most likely or there are known cases of silicosis. In looking at records mentioned below be advised that a diagnosis of silicosis may include such terminology as pneumoconiosis, fibrosis, respiratory disease, non-malignant respiratory disease, or even congenital heart failure.

### Appendix C

Medical protocol recommendations for exposure to crystalline silica: (28-48)

#### A. MEDICAL EXAMINATIONS

The following are the recommended medical procedures for individuals chronically exposed to crystalline silica or for individuals who have received one or more severe acute exposures to crystalline silica.

- 1. A baseline examination which includes a medical and occupational history to elicit data on signs and symptoms of respiratory disease prior to exposure to crystalline silica. The medical examination emphasizing the respiratory system, should be repeated every five (5) years if under 20 years of exposure and every two (2) years if over 20 years of exposure. The medical examination should be repeated more frequently if respiratory symptoms develop or upon the recommendation of the examining physician.
- 2. A baseline chest x-ray should be obtained prior to employment with a follow-up every 5 years if under 20 years of exposure and every 2 years if over 20 years of exposure. A chest x-ray may be required more frequently if determined by the examining physician.
- 3. Pulmonary Function Tests (PFT): Should include FEV<sub>1</sub> (forced expiratory volume in 1 second), FVC (forced vital capacity) and DLCO (diffusion lung capacity). PFTs should be obtained for a baseline examination with PFTs repeated every 5 years if under 20 years of exposure and every 2 years if over 20 years of exposure. PFTs may be required more frequently is respirable symptoms develop or if recommended by the examining physician.
- 4. A chest x-ray should be obtained on employment termination.

#### B. MEDICAL MANAGEMENT

The chest x-ray should be a chest roentgenogram (posteroanterior 14" x 17" or 14" x 14") classified according to the 1970 ILO International Classification of radiographs of Pneumoconiosis by a certified class "B" reader. The medical follow-up should include the following procedures:

1. With a positive chest x-ray (1/0 or greater) the worker should be placed in mandatory respiratory protection, or if

already wearing a respirator, the program should be reevaluated to assure proper fit and that the elements of 29 CFR 1910.134 are being met.

- 2. The worker should be referred to a physician specializing in lung diseases for a medical evaluation and medical monitoring as warranted by the examining physician. A written opinion from the examining physician as to whether the employee has any detected condition that would place the worker at an increased risk should be provided to the employer and employee, while specific medical findings remain confidential.
- 3. All medical test results should be discussed with the worker by the physician.
- 4. In accordance with 29 CFR 1910.20, medical records shall be maintained for at least 30 years following the employee's termination of employment, unless the employee is employed for less than one year and the records are provided to the employee upon termination.

### U.S. Department of Labor

Occupational Safety and Health Administration Tarrytown Area Office 660 White Plains Road 4th Floor Tarrytown, NY 10591-5107

Phone: (914)524-7510 FAX: (914)524-7515 OSHA Website Address: http://www.osha.gov



### Citation and Notification of Penalty

To:



Inspection Site:



**Inspection Number:** 301461018

Inspection Date(s): 02/03/99 - 02/03/99

**Issuance Date**: 04/23/99

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please read the following paragraphs which outline your rights and responsibilities. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer. The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may call to request one with the Area Director before the 15 working day contest period ends. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you decide to request an informal conference, call our office at (914) 524-7510 between 8AM and 4PM for an appointment. Complete, remove and post the page 4 Notice to Employees next to this Citation and Notification

of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that, if you intend to contest, a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

Right to Contest - You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. <u>Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.</u>

You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to your inspection will be available 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at the OSHA Internet site at WWW.OSHA.GOV. If you have any dispute with the accuracy of the information displayed, please contact this office.

Penalty Payment - Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance. OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

Notification of Corrective Action - For violations which you do not contest, you should notify the U.S. Department of Labor Area Office promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation. Please inform the Area Office in writing of the abatement steps you have taken and of their dates, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. Attached is a letter with a form to assist you in meeting this requirement.

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

Employer Rights and Responsibilities - The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

		•	
·			
•			
abatement date set for a violation the U.S. Department of Labor A	n if he/she believes the Area Office at the addre	date to be unreasonables shown above and po	e. The contest must be mailed to estmarked within 15 working days f this Citation and Notification of
Notice to Employees - The	law gives an employee	or his/her representative	ve the opportunity to object to any



### NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

	1,01102	10 11111	LOTELO			WI DICE	
An in	nformal confere	nce has bee	en schedule	d with OSHA	A to discuss	the citation	(s) issued on
04/23/	/99. The confe	rence will b	e held at th	e OSHA offi	ce located a	t Tarrytown	Area Office,
660 V	White Plains R	oad 4th l	Floor, Tarr	ytown, NY,	10591-510	7 on	at
	En	nployees an	d/or repres	entatives of e	employees h	ave a right	to attend an
inforn	nal conference.		•				

ä	: 301461018 : 87 : M9334 : 09506	Complaint 02/03/99 02/03/99 03/15/99	<u> </u>		00			Amt Transferred	00.0	Evnt/Art FAP Dates	*	æ	I H 03/15/99 I	I 66/51/E0 W I	I M 03/15/99 I A	I M 03/15/99 I A	I M 03/15/99 I A	I M 03/15/99 I A	I M 03/15/99 I	. c	: <b>-</b>	⋖
		Inspection Type : Co Entry Dt : 06 Close Conf Dt : 06 Infor Conf Date : 03	** ** ** ** **		lotal Payments: \$ 3500.00 Next Install Dt:	Last Install Ot:	12.	Dt Transferred T		Penalty/ Contest	FTA Pen Std Abt	00.009 \$	\$ 375.00 \$ 600.00	\$ 375.00	\$ 375.00	\$ 375.00 \$ 600.00	\$ 375.00 \$ 600.00	\$ 375.00 \$ 2000.00	\$ 1250.00 \$ 0.00	\$ 0.00	0.00	0.00
T REPORT				PAYMENT DATA (SUBBATY)	lot Nex	Las	PENALTY COLLECTION DATA (SURMATY)	(Orio) DC&T	(FTA) DCAT SDL		Date Ty/Cmp Date Type	02/24/99 A I	02/24/99 02/24/99 A 1	02/24/99 A I				02/24/99 A I	02/24/99 03/01/99 A X	02/24/99 A I	02/24/99 A I	UE/E4/77 R 1
CASE AUDIT REPORT 03/16/99 09:02				Penalty FTA Penalty	•	3360.00 \$ 0.00 0.00 \$ 0.00	•	: C Field Paid		# Rec Exp Inst	Code titt t t titt titt titt tittet	4 1 02/19/99 02/24/99	02/24/99 4 1 02/19/99 02/24/99	4 1 02/19/99	4 1 02/19/99	4 1 02/19/99	4 1 02/19/99	4 1 02/19/99 02/24/99	96/16/60 65/16/64/64	4 1 02/19/99 02/24/99	4 1 02/19/99 02/24/99 C 5 1 02/19/99 02/24/99	,
	INSTITUTE BAILA ESTAD NAME Site Address	Mail Address:	Contl Corp :	PENALTY DATA (Summary)	1	Interest . *	Ade Fees : *			VIOLATION DATA (Detail)	크라우아우아우 등록 우수 우수 구수는 구수는 구수는 무슨 우수.	S 01001 1926 0095 a	S 01002 1926 0404 b 1 i	S 01003 1926 0404 f 6	S 01004 1926 0405 g 1 iii	S 01005 1926 0405 g 2 iv	01006 1926 0405 g 2 iii	02001 1926 0403 i 2 i	D 03001 1926 0051 c 2	1926 0403 d 1		, n

Inspection #: 301461018

Total Paid

FIA Paid

Ref/Unif Amount Paid

Payment Dt

Criteria File: 1p PAYMENT DATA (Detail) OSHA-163 Nr. Payment D

CASE AUDIT REPORT

03/16/99 09:02

\$ 3500.00

0.00

\$ 3500.00

03/16/99

879041655

Page: 2

This report provides debt collection information on a case specified by Inspection Mumber.

Note: FTA amounts are preceded with a plus sign(+) to distinguish them from Proposed/Adjusted Penalty amounts.

### U.S. DEPARTMENT OF LABOR OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

In the Matter of:
OSHA No.(s): 301461018

#### **INFORMAL SETTLEMENT AGREEMENT**

The undersigned Employer and the undersigned Occupational Safety and Health Administration (OSHA), in settlement of the above citation(s) and penalties which were issued on 02/19/99, hereby agree as follows:

- 1. The Employer States that Item 01 Citation 03 has been corrected.
- 2. The Employer agrees to pay the proposed penalties, if any, as issued with the above citation(s), or, if amended by this agreement, as amended below.
- 3. The Employer and OSHA agree that the following citations and penalties, if any, are not being amended:

Cit 03 Item 001

Cit 03 Item 002

Cit 03 Item 003

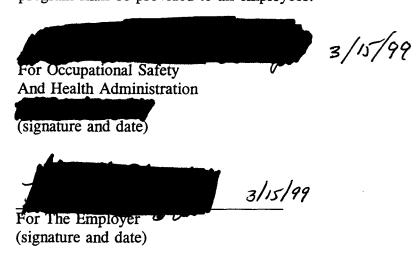
Cit 03 Item 004

4. OSHA agrees that the following citations and penalties are being amended as shown below:

Cit 01 Item 001	Pena	alty cha	inged to	\$ 375.00
Cit 01 Item 002	11		"	\$ 375.00
Cit 01 Item 003	11	77	Ħ	\$ 375.00
Cit 01 Item 004	Ħ	17	**	\$ 375.00
Cit 01 Item 005	Ħ	11	"	\$ 375.00
Cit 01 Item 006	11	Ħ	11 .	\$ 375.00
Cit 02 Item 001	H	**	**	\$1250.00
	New penalty total			\$3500.00

Default of the penalty schedule contained in this agreement will cause the agreement to be considered null and void and the penalty due will revert back to the original amount of \$5600.00

- 5. The employer, by signing this informal settlement agreement, hereby waives its rights to contest the above citation(s) and penalties, as amended in paragraph 4 of this agreement.
- 6. The employer agrees to immediately post a copy of this Settlement Agreement in a prominent place at or near the location of the violation(s) referred to in paragraph 4 above. This Settlement Agreement must remain posted until the violations cited have been corrected, or for 3 working days (excluding weekends and Federal Holidays), whichever is longer.
- 7. The employer agrees to continue to comply with the applicable provisions of the Occupational Safety and Health Act of 1970, and the applicable safety and health standards promulgated pursuant to the Act.
- 8. By entering into this agreement, the employer does not admit that it violated the cited standards for any litigation or purpose other than a subsequent proceeding under the Occupational Safety and Health Act.
- 9. The employer agrees to use the service of the New York Consultation Service to inspect the worksite(s) within one year of the signing of this agreement.
- 10. The employer agrees to develop and implement a written safety and health program and provide training concerning said program to all employees. A copy of the program shall be provided to all employees.



#### NOTICE TO EMPLOYEES

The law gives you or your representative the opportunity to object to any abatement date set for a violation if you believe the date to be unreasonable. Any contest to the abatement dates of the citations amended in paragraph 4 of this Settlement Agreement must be mailed to the U.S. Department of Labor Area Office at Tarrytown Area Office, 660 White Plains Road 4th Floor, Tarrytown, NY 10591-5107, within 15 working days (excluding weekends and Federal Holidays) of the receipt by the Employer of this Settlement Agreement. You or your representative also have the right to object to any of the abatement dates set for violations, which were not amended, provided that the objection is mailed to the office shown above within the 15-working-day period established by the original citation.



Occupational Safety and Health Administration Tarrytown Área Office 660 White Plains Road 4th Floor Tarrytown, NY 10591-5107 (914) 524-7510



FAX: (914) 524-7515 OSHA Website Address: http://www.osha.gov

February 19, 1999

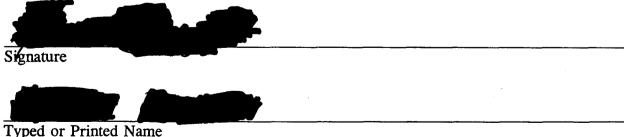
RE: **Abatement Certification Inspection No. 301461018.** FROM: Area Director, Tarrytown Area Office

In accordance with 29 CFR 1903.19, Abatement Verification, effective May 30, 1997, employers are required to certify that abatement has been accomplished and, under certain circumstances, are required to submit documented proof of abatement of cited violations. The enclosed OSHA-2 Citation and Notification of Penalty has been annotated as to which items require abatement certification and which require abatement certification and documentation. Please list the specific method of correction and the date of correction for each citation item requiring abatement certification. In addition, please submit documentation for those items requiring abatement certification and documentation. Examples of such documentation would be evidence of purchase or repair of equipment, photographic or video evidence of abatement or other written evidence.

This information must be submitted to our office within 10 days of the date each violation must be abated.

I certify that all employees and their representatives have been informed of all abatement action taken on these violations.

I attest that the information contained in this document is accurate.



MARCH 15, 1999

### 

Citation #3, Item #1 was corrected on (date) FEB. 26, 1999
Explain how condition(s) were corrected.
THE MANAGEMENT OF THE BUILDING ALLOWED THE
EMPLOYEES ACCESS TO THE BATHROOM LOCATED IN
THE APARTMENT OF THE BUILDING SUPERINTENDENT.
Citation # , Item # was corrected on (date)  Explain how condition(s) were corrected.
Citation #, Item # was corrected on (date)  Explain how condition(s) were corrected.
Citation # , Item # was corrected on (date)
Explain how condition(s) were corrected.

Occupational Safety and Health Administration

Inspection Numbe

1461018

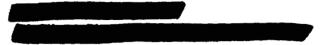
Inspection Dates: 02/03/99 - 02/03/99

Issuance Date: 02/19/99



#### Citation and Notification of Penalty

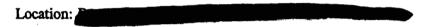
Company Name: Inspection Site:



Citation 1 Item 2 Type of Violation: Serious

29 CFR 1926.404(b)(1)(i): Employer did not use either groundfault circuit interrupters as specified in paragraph (b)(1)(ii) of this section, or an assured equipment grounding conductor program as specified in paragraph (b)(1)(iii) of this section to protect employees on construction sites:

On or about February 3, 1999



a) The Mekita Model#4014 NV blower and the Bosch model # 11310 EVS chip hammer energized through extension cords connected to a make shift electric outlet, located in the elevator room were not provide with a ground fault circuit interrupter or an assured equipment grounding program.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 600.00

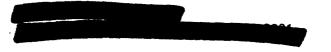
## U.S. Department of Lab. Occupational Safety and Health Administration

Inspection Number: \$\.\delta 61018\$
Inspection Dates: 02/03/99 - 02/03/99
Issuance Date: 02/19/99



#### Citation and Notification of Penalty

**Company Name: Inspection Site:** 



Citation 1 Item 1 Type of Violation: Serious

29CFR1926.95: Personal protective equipment for the eyes were not used where it was necessary by reason of hazards encountered capable of causing injury or impairment in the function of eyes.

On or about February 3, 1999



a) Employees removing caulking and excess concrete from the face of the building, using Bosch model # 11310 EVS chipper and trimmer were not wearing protective goggles.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty 600.00

#### TARRYTOWN AREA OFFICE

INFORMAL CONFERENCE NOTES

DATE: 3/15/99			
ESTABLISHMENT: Name/Address:_			_
 CSHO/REPORT#: <u>0</u>	7506/301461018	LAST CONTEST DATE: 3	116/99
		POST CONTEST:	
EMPLOYER REP(s):	Name:		
UNION REP(s):	Name:		
	Name:Affiliation/Local_		Title:
OSHA REP(s):	Name:		Title Ann S
INFORMAL CONFEREN	NCE NOTES: THE 1/3	L AND CONTEST	NO PROCEDURES
	LAINED.		TED THAT HE
WAS NOT CA	EAR OF WI	MY THE EXTEN.	
		I EXPANNED	
		DIT. HE REW	and the second second

INFORMAL CONFERENCE NOTES CONTINUED:	
THE PENALTIES BE REDUCED BY 50% A FINAL AGREEMENT WAS REACHED BY REDUCING THE PENALT.	
AGRECATIONS REACHED BY REDUCING THE PENNTY.	£.√
FROM \$ 5600. TO 3500 ISA SIGNED	
,	
9.4 8.5 - 4 7 7 8 8 8 8 8 8 8 8 8 8 8 9 7 8 8 9 7 7 7 7	
**************************************	
A Company of the Comp	
Area Director/Supervisor:	
2 -	,

1...

Occupational Safety and Health Administration

Inspection Number: 02/03/99 - 02/03/99

Issuance Date: 02/19/99



#### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 1 Item 3 Type of Violation: Serious

29 CFR 1926.404(f)(6): The path to ground from circuits, equipment, or enclosures was not permanent and continuous:

On or about February 3, 1999

Location: Rear of building,

a) Extension cords used to service a Bosch model # 11310 EVS chipper and a Mekita model # 4014 NV blower were plugged into a series of extension cords where the grounding pins were removed.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: 600 00



Occupational Safety and Health Administration

Inspection Number

**Issuance Date:** 

Inspection Dates: 02/03/99 - 02/03/99

02/19/99



#### Citation and Notification of Penalty

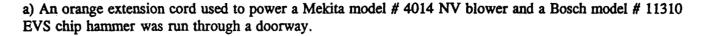
Company Name: Inspection Site:

Citation 1 Item 4 Type of Violation: Serious

29 CFR 1926.405(g)(1)(iii): Flexible cords and cables were run through doorways, windows, or similar openings.

On or about February 3, 1999

Location: Rear of building,



NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Proposed Penalty:

Occupational Safety and Health Administration

Inspection Number Inspection Dates: 02/03/99 - 02/03/99

**Issuance Date:** 

.461018

02/19/99

#### **Citation and Notification of Penalty**

**Company Name: Inspection Site:** 

Citation 1 Item 5 Type of Violation: Serious

29 CFR 1926.405(g)(2)(iv): Flexible cords were not connected to devices and fittings so that strain relief is provided to prevent pull from being directly transmitted to joints or terminal screws:

On or about February 3, 1999

Location: Rear of building,



a) Employees were working on a scaffold using a Bosch model # 11310 EVS chip hammer and a Mekita model # 4014 NV blower where the electrical cord's insulation was pulled away from the plug.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty:

Occupational Safety and Health Administration

Inspection Number 461018
Inspection Dates: 02/03/99 - 02/03/99

Issuance Date: 02/19/99



#### Citation and Notification of Penalty

Company Name:
Inspection Site:

Citation 1 Item 6 Type of Violation: Serious

29 CFR 1926.405(g)(2)(iii): Flexible cords were not used only in continuous lengths without splice or tape:

On or about February 3, 1999

Location: Rear of building,

a) An orange extension cord used to power a Mekita model # 4014 NV blower and Bosch model # 11310 EVS Chip hammer was spliced.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspec	
Proposed Penalty: \$ 60	

Occupational Safety and Health Administration

Issuance Date: 02/19/99



#### Citation and Notification of Penalty

Company Name: Inspection Site:

Citation 2 Item 1 Type of Violation: Repeat

29 CFR 1926.403(i)(2)(i): Live parts of electric equipment operating at 50 volts or more were not guarded against accidental contact by cabinets or other forms of enclosures, or by any of the following means: (A) by location in a room, vault, or similar enclosure that is accessible only to qualified persons; (B) by partitions or screens so arranged that only qualified persons will have access to the space within reach of the live parts; (C) by location on a balcony, gallery, or platform so elevated and arranged as to exclude unqualified persons; (D) by elevation of 8 feet or more above the floor or other working surface and so installed as to exclude unqualified persons:

On or about February 3, 1999

Location: Rear of building

a) Live parts of an electricity supply box operating at 480 volts, and stepped down to 110 volts, were not guarded against accidental contact.

P. WAS PREVIOUSLY CITED FOR A VIOLATION OF THIS OCCUPATIONAL SAFETY AND HEALTH STANDARD, ITS EQUIVALENT, OR ESSENTIALLY SIMILAR STANDARD, 29 CFR 1926.403(i)(2)(i), WHICH WAS CONTAINED IN OSHA INSPECTION NUMBER 301456166, CITATION NUMBER 01, ITEM NUMBER 04, ISSUED ON 12/17/97, FINAL ORDER DATE 1/13/98.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 2000.00

# U.S. Department of Lab. Occupational Safety and Health Administration



#### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 3 Item 1 Type of Violation: Other

29 CFR 1926.51(c)(2): Under temporary field conditions, provisions were not made to assure that not less than one toilet facility was available:

On or about February 3, 1999

Location: Rear of building, China

a) Employees removing caulking and resurfacing brick did not have access to a toilet.

ABATEMENT NOTE: a contractor employing 20 or less employees should have at least one toilet facility available for use.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated: 03/01/99
Proposed Penalty: 5 0.00

# U.S. Department of Lab Occupational Safety and Health Administration



#### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 3 Item 2 Type of Violation: Other

29 CFR 1926.403(d)(1): Electric equipment was not firmly secured to the surface on which it was mounted:

On or about February 3, 1999

Location: rear of building

a) A four plug extension cord outlet used to operate a Bosch model # 11310 EVS chipper was not firmly secured to a stable surface.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 0.00

### U.S. Department of Lab Occupational Safety and Health Administration

Inspection Numb. 5. 61018
Inspection Dates: 02/03/99 - 02/03/99
Issuance Date: 02/19/99



#### Citation and Notification of Penalty

Company Name: Inspection Site:

Citation 3 Item 3 Type of Violation: Other

29 CFR 1926.405(g)(2)(ii): Type SJ, SJO, SJT, SJTO, S, SO, ST, or STO flexible cords were used without being durably marked on the surface with the type designation, size, and number of conductors:

On or about February 3, 1999

Location: rear of building,

a) An extension cord used to power a Mekita model # 4014 NV blower was not marked with the type designation.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 0.00

Occupational Safety and Health Administration

Inspection Numbe.

**Issuance Date:** 

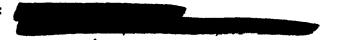
Inspection Dates: 02/03/99 - 02/03/99

02/19/99



#### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 3 Item 4 Type of Violation: Other

29CFR1926.451(g)(1)(ii): A two-point adjustable suspension scaffold was not protected by both a personal fall arrest system and guardrail system.

On or about February 3, 1999

Location: rear of building,

a) Two two-point adjustable suspension scaffolds were not provided with a standard guardrail system at each end.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 0.00



Occupational Safety and Health Administration Tarrytown Area Office 660 White Plains Road 4th Floor Tarrytown, NY 10591-5107

Phone: (914)524-7510 FAX: (914)524-7515 OSHA Website Address: http://www.osha.gov



# INVOICE/ DEBT COLLECTION NOTICE

**Company Name: Inspection Site:** 

Issuance Date:

02/19/99

Summary of Penalties for Inspection Number 301461018

Citation 1, Serious = \$ 3600.00 Citation 2, Repeat = \$ 2000.00 Citation 3, Other = \$ 0.00 TOTAL PROPOSED PENALTIES = \$ 5600.00

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to:

"DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

<u>Interest</u>. Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is 3%. Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

<u>Delinquent Charges</u>. A debt is considered delinquent if it has not been paid on thin one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

Administrative Costs. Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.

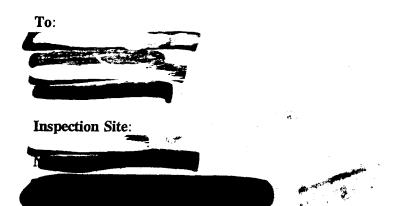
Date

Occupational Safety and Health Administration Tarrytown Area Office 660 White Plains Road 4th Floor Tarrytown, NY 10591-5107

Phone: (914)524-7510 FAX: (914)524-7515 OSHA Website Address: http://www.osha.gov



### Citation and Notification of Penalty



**Inspection Number:** 301461018

**Inspection Date(s):** 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please read the following paragraphs which outline your rights and responsibilities. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer. The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may call to request one with the Area Director before the 15 working day contest period ends. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you decide to request an informal conference, call our office at (914) 524-7510 between 8AM and 4PM for an appointment. Complete, remove and post the page 4 Notice to Employees next to this Citation and Notification

of Penalty as soon as the time, a..., and place of the informal conference have open determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that, if you intend to contest, a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

Right to Contest - You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. <u>Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.</u>

You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to your inspection will be available 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at the OSHA Internet site at WWW.OSHA.GOV. If you have any dispute with the accuracy of the information displayed, please contact this office.

Penalty Payment - Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance. OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

Notification of Corrective Action - For violations which you do not contest, you should notify the U.S. Department of Labor Area Office promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation. Please inform the Area Office in writing of the abatement steps you have taken and of their dates, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. Attached is a letter with a form to assist you in meeting this requirement.

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

Employer Rights and Responsibilities - The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

Notice to Employees - The law grabatement date set for a violation if he	ives an employee or i	his/her representative to be unreasonable	the opportunity to object to any The contest must be mailed to
the U.S. Department of Labor Area C (excluding weekends and Federal holi	Office at the address s	shown above and post	marked within 15 working days
Penalty.	•	4	
			.*
·			•
		· .	

-

of Penalty as soon as the time, a..., and place of the informal conference have oeen determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that, if you intend to contest, a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

Right to Contest - You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. <u>Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.</u>

You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to your inspection will be available 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at the OSHA Internet site at WWW.OSHA.GOV. If you have any dispute with the accuracy of the information displayed, please contact this office.

Penalty Payment - Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance. OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

Notification of Corrective Action - For violations which you do not contest, you should notify the U.S. Department of Labor Area Office promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation. Please inform the Area Office in writing of the abatement steps you have taken and of their dates, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. Attached is a letter with a form to assist you in meeting this requirement.

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

Employer Rights and Responsibilities - The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

	•			
Notice to Employees - The abatement date set for a violation the U.S. Department of Labor (excluding weekends and Feder Penalty.	on if he/she believes the Area Office at the address	date to be unreasonates shown above and p	ole. The contest must ostmarked within 15	t be mailed to working days
			·	
•				
			·	
Citation and Notification of Penalty	Page 3	of 15	00	HA-2/Rev 6/93)



### NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on
02/19/99. The conference will be held at the OSHA office located at Tarrytown Area Office,
660 White Plains Road 4th Floor, Tarrytown, NY, 10591-5107 on at
Employees and/or representatives of employees have a right to attend an
informal conference.

Occupational Safety and Healt' uninistration Tarrytown Area Office 660 White Plains Road 4th Floor Tarrytown, NY 10591-5107 (914) 524-7510 FAX: (914) 524-7515



OSHA Website Address: http://www.osha.gov

February 19, 1999

RE:	
FROM:	Area Director, Tarrytown Area Office

In accordance with 29 CFR 1903.19, Abatement Verification, effective May 30, 1997. employers are required to certify that abatement has been accomplished and, under certain circumstances, are required to submit documented proof of abatement of cited violations. The enclosed OSHA-2 Citation and Notification of Penalty has been annotated as to which items require abatement certification and which require abatement certification and documentation. Please list the specific method of correction and the date of correction for each citation item requiring abatement certification. In addition, please submit documentation for those items requiring abatement certification and documentation. Examples of such documentation would be evidence of purchase or repair of equipment, photographic or video evidence of abatement or other written evidence.

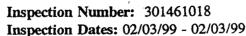
This information must be submitted to our office within 10 days of the date each violation must be abated.

I certify that all employees and their representatives have been informed of all abatement action taken on these violations.

I attest that the information contained in this document is accurate.					
Signature					
Typed or Printed Name					
Date					

Citation # , Item # was corrected on (date)
Explain how condition(s) were corrected.
Citation # Item # was corrected on (date)  Explain how condition(\$) were corrected.
Explain how condition(s) were corrected.
Citation # , Item # was corrected on (date)
Explain how condition(s) were corrected.
Citation # , Item # was corrected on (date)
Explain how condition(s) were corrected.

Occupational Safety and Health Administration

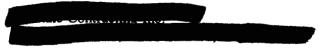


**Issuance Date:** 03/15/99



#### Citation and Notification of Penalty

Company Name: (Inspection Site:



Citation 1 Item 1 Type of Violation: Serious

29CFR1926.95: Personal protective equipment for the eyes were not used where it was necessary by reason of hazards encountered capable of causing injury or impairment in the function of eyes.

On or about February 3, 1999

Location: Rear of building

a) Employees removing caulking and excess concrete from the face of the building, using Bosch model # 11310 EVS chipper and trimmer were not wearing protective goggles.

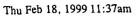
NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection
Proposed Penalty: \$ 375.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

# U.S. Department of Labor Occupational Safety and Health A stration

### **Inspection Report**



Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.
0216000	0	O9506	M9334	301461018	87

Establishment Name				
Site Address I		Site Phone	Site FAX	
Mailing Address		Mail Phone	FAX	
Controlling Corp		Employer ID	1	
Ownership A. Private Sector		City 4120	County 119	
Legal Entity	Previous Activit	ctivity (State Only)		

		Related	Activity
Туре	Number	Satisfied	Type Number Satisfied
C. Complaint	201994373	Health	

Employed in Establishment	4 Advance Notice?	No	Category H. Health
Covered By Inspection	4 Union?	No	Primary SIC 1542
Controlled By Employer	20 Walkaround?	No	Secondary SIC
	Interviewed? (State only)		Inspected (State Only)

		9.40,400,000,000,000,000		00000000
OSHA-200 Log Entries	Not Amelable	Year	1998 LWDI Rate	**************************************
COLLA-FOR TOR PHILLO	INUL AVAILAUIC		/ 7 9 X   Little Nau	**************************************
				0000000

Inspection Type B. Complaint	Reason No Inspection	·
Scope of Inspection A. Comprehensive In	spection	
Classification Health Planning Guid	le/Construction	•
	SILICA-	

		2/2/2//	
Anticipatory Warrant Served?	No	Denial Date	
Anticipatory Subpoena Served?	No		

Entry	02/03/99	09:00	First Closing Conference	02/03/99	14:30
Opening Conference	02/03/99	09:00	Second Closing Conference		
Walkaround	02/03/99	09:00	Exit	02/12/99	16:00
Days On Site	1		Case Closed		
			No Citations Issued		

Type	ID	Optional Information
A	01	FALL
N	01	301461018

COTTO O'		
CSHO Signature		
		2/10/0-
		~// <i>8/99</i>
		1, 2/7

Occupational Safety and Health Administration

**Inspection Number: 301461018** 

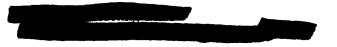
Inspection Dates: 02/03/99 - 02/03/99 **Issuance Date:** 

03/15/99



#### Citation and Notification of Penalty

Company Name: **Inspection Site:** 



Citation 1 Item 2 Type of Violation: Serious

29 CFR 1926.404(b)(1)(i): Employer did not use either groundfault circuit interrupters as specified in paragraph (b)(1)(ii) of this section, or an assured equipment grounding conductor program as specified in paragraph (b)(1)(iii) of this section to protect employees on construction sites:

On or about February 3, 1999

Location: Rear of building.

a) The Mekita Model#4014 NV blower and the Bosch model # 11310 EVS chip hammer energized through extension cords connected to a make shift electric outlet, located in the elevator room were not provide with a ground fault circuit interrupter or an assured equipment grounding program.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: 375 00

Occupational Safety and Health Administration

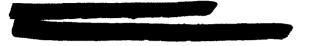
**Inspection Number:** 301461018 **Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 03/15/99



#### Citation and Notification of Penalty

**Company Name: Inspection Site:** 



Citation 1 Item 3 Type of Violation: Serious

29 CFR 1926.404(f)(6): The path to ground from circuits, equipment, or enclosures was not permanent and continuous:

On or about February 3, 1999

Location: Rear of building

a) Extension cords used to service a Bosch model # 11310 EVS chipper and a Mekita model # 4014 NV blower were plugged into a series of extension cords where the grounding pins were removed.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 375.00

Occupational Safety and Health Administration

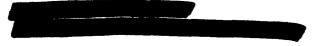
**Inspection Number:** 301461018 **Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 03/15/99



#### Citation and Notification of Penalty

**Company Name: Inspection Site:** 

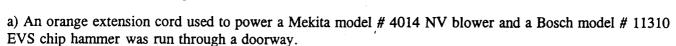


Citation 1 Item 4 Type of Violation: Serious

29 CFR 1926.405(g)(1)(iii): Flexible cords and cables were run through doorways, windows, or similar openings.

On or about February 3, 1999

Location: Rear of building,



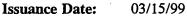
NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 375.00

Occupational Safety and Health Administration

Inspection Number: 301461018

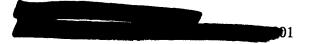
**Inspection Dates:** 02/03/99 - 02/03/99





#### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 1 Item 5 Type of Violation: Serious

29 CFR 1926.405(g)(2)(iv): Flexible cords were not connected to devices and fittings so that strain relief is provided to prevent pull from being directly transmitted to joints or terminal screws:

On or about February 3, 1999

Location: Rear of building,

a) Employees were working on a scaffold using a Bosch model # 11310 EVS chip hammer and a Mekita model # 4014 NV blower where the electrical cord's insulation was pulled away from the plug.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 375.00

Occupational Safety and Health Administration

**Inspection Number: 301461018** Inspection Dates: 02/03/99 - 02/03/99

**Issuance Date:** 03/15/99



#### Citation and Notification of Penalty

Company Name: **Inspection Site:** 



Citation 1 Item 6 Type of Violation: Serious

29 CFR 1926.405(g)(2)(iii): Flexible cords were not used only in continuous lengths without splice or tape:

On or about February 3, 1999

Location: Rear of building,

a) An orange extension cord used to power a Mekita model # 4014 NV blower and Bosch model # 11310 EVS Chip hammer was spliced.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty:

375.00

Occupational Safety and Health Administration

**Inspection Number:** 301461018 **Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 03/15/99



#### Citation and Notification of Penalty

**Company Name: Inspection Site:** 

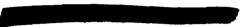


Citation 1 Item 7a Type of Violation: Serious

29 CFR 1926.55(a): Employee(s) were exposed to material(s) at concentrations above those specified in the "Threshold Limit Values of Airborne Contaminants for 1970" of the American Conference of Governmental Industrial Hygienists:

On or about February 12, 1999

Location: Rear of building,



An employee was grinding brick with a Bosch grinder.

Full shift personal monitoring of the employee for respirable crystalline silica was performed on February 12, 1999. Total sampling time was 401 minutes. When calculating the eight-hour-time-weight exposure level, zero exposure was assumed for non-sampled time. The respirable dust samples contained 19% crystalline silica (respirable quartz). The permissible exposure limit for dust containing 19% crystalline silica (respirable quartz) is 0.470 mg/m3 (milligrams per cubic meter). The employees eight-hour-time-weighted exposure to the respirable dust was 2.62 mg/m3 which is five and one-half times the permissible exposure limit.

NOTE: In addition to abatement certification, the employer is required to submit abatement documentation for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated: 05/26/99
Proposed Penalty: \$1000.00

Occupational Safety and Health Administration

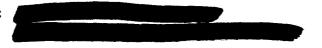
**Inspection Number:** 301461018 **Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 03/15/99

# THE REST OF THE PARTY OF THE PA

#### Citation and Notification of Penalty

**Company Name: Inspection Site:** 



Citation 1 Item 7b Type of Violation: Serious

29 CFR 1926.55(b): Feasible administrative or engineering controls were not implemented to reduce employee exposure(s):

On or about February 12, 1999

Location: Rear of building,

An employee was grinding brick with a Bosch grinder.

Full shift personal monitoring of the employee for respirable crystalline silica was performed on February 12, 1999. Total sampling time was 401 minutes. When calculating the eight-hour-time-weighted exposure level, zero exposure was assumed for non-sampled time. The respirable dust samples contained 19% crystalline silica (respirable quartz). The permissible exposure limit for dust containing 19% crystalline silica (respirable quartz) is 0.470 mg/m3 (milligram per cubic meter). The employees eight-hour-time-weighted exposure to the respirable dust was 2.62 mg/m3 which is five and one-half times the permissible exposure limit.

#### Abatement Schedule

Step 1- Submit to the Area Director a detailed written plan of abatement outlining a schedule for the implementation of engineering and/or administrative measures to control employee exposure to hazardous substances referenced in this citation. The plan shall include, at a minimum, target dates for the following actions which should be consistent with the dates required by this citation:

- (a) Evaluation of the extent and location of the hazard source.
- (b) Evaluation of control measure options.
- (c) Selection of optimum control measures.
- (d) Determination of control measure design.
- (e) Ordering and delivery of equipment and materials.
- (f) Installation of control measure.
- (g) Training of employees in proper operation and maintenance of newly implemented control measures.

Occupational Safety and Health Administration

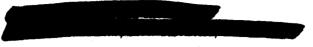
**Inspection Number:** 301461018 **Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 03/15/99



#### Citation and Notification of Penalty

Company Name: Inspection Site:



All control measures shall be evaluated for each particular use by a competent Industrial Hygienist or other technically qualified person. Thirty (30) day progress reports are required during the abatement period.

Step 2 - Correction shall be completed by the implementation of feasible engineering and/or administrative controls and their effectiveness at achieving compliance verified.

General methods of control applicable in these circumstances include, but are not limited to the following:

- 1. Identification of procedures where employees are potentially exposed to silica dust.
- 2. Use of an industrial dust collection system capable of removing silica contaminated dust from the work environment.
- 3. Use of portable grinders which have local exhaust ventilation that is connected to a HEPA (high efficiency particulate) filtration system to remove dust from the point of generation.
- 4. Use of a wet grinding system.
- 5. Rotate employees who perform grinding with those who do not in order to reduce employee exposure to below the permissible exposure limit.
- 6. Assessment of employee exposure after implementing engineering controls.

NOTE: In addition to abatement certification, the employer is required to submit abatement documentation for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:

05/26/99

Occupational Safety and Health Administration

**Inspection Number: 301461018** 

Inspection Dates: 02/03/99 - 02/03/99 **Issuance Date:** 

03/15/99



#### Citation and Notification of Penalty

Company Name: Inspection Site:

Citation 1 Item 7c Type of Violation: Serious

29 CFR 1910.134(f)(1): The employer did not ensure that employees using a tight-fitting facepiece respirator passed an appropriate qualitative fit test or quantitative fit test.

On or about February 12, 1999

Location: rear of building

A pointer was performing grinding of previously existing mortar between bricks on the outside of the building and were overexposed to silica above the OSHA permissible exposure limit. The pointer wore a Moldex half mask air purifying respirator with a particulate filter. not perform quantitative or qualitative fit testing.

NOTE: In addition to abatement certification, the employer is required to submit abatement documentation for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:

05/26/99

Occupational Safety and Health Administration

**Inspection Number: 301461018** 

Inspection Dates: 02/03/99 - 02/03/99

**Issuance Date:** 

03/15/99



#### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 2 Item 1 Type of Violation: Repeat

29 CFR 1926.403(i)(2)(i): Live parts of electric equipment operating at 50 volts or more were not guarded against accidental contact by cabinets or other forms of enclosures, or by any of the following means: (A) by location in a room, vault, or similar enclosure that is accessible only to qualified persons; (B) by partitions or screens so arranged that only qualified persons will have access to the space within reach of the live parts; (C) by location on a balcony, gallery, or platform so elevated and arranged as to exclude unqualified persons; (D) by elevation of 8 feet or more above the floor or other working surface and so installed as to exclude unqualified persons:

On or about February 3, 1999

Location: Rear of building.



a) Live parts of an electricity supply box operating at 480 volts, and stepped down to 110 volts, were not guarded against accidental contact.

ALL-STATE RESTORATION CORP. WAS PREVIOUSLY CITED FOR A VIOLATION OF THIS OCCUPATIONAL SAFETY AND HEALTH STANDARD, ITS EQUIVALENT, OR ESSENTIALLY SIMILAR STANDARD, 29 CFR 1926.403(i)(2)(i), WHICH WAS CONTAINED IN OSHA INSPECTION NUMBER 301456166, CITATION NUMBER 01, ITEM NUMBER 04, ISSUED ON 12/17/97, FINAL ORDER DATE 1/13/98.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 1250.00

Occupational Safety and Health Administration

**Inspection Number: 301461018** 

Inspection Dates: 02/03/99 - 02/03/99

**Issuance Date:** 02

02/19/99



#### Citation and Notification of Penalty

Company Name
Inspection Site:

Citation 3 Item 1 Type of Violation: Other

29 CFR 1926.51(c)(2): Under temporary field conditions, provisions were not made to assure that not less than one toilet facility was available:

On or about February 3, 1999

Location: Rear of building,

a) Employees removing caulking and resurfacing brick did not have access to a toilet.

ABATEMENT NOTE: a contractor employing 20 or less employees should have at least one toilet facility available for use.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated: 03/01/99
Proposed Penalty: \$ 0.00

Occupational Safety and Health Administration

**Inspection Number: 301461018** 

**Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 

02/19/99



#### Citation and Notification of Penalty

Company Name: | Inspection Site:



Citation 3 Item 2 Type of Violation: Other

29 CFR 1926.403(d)(1): Electric equipment was not firmly secured to the surface on which it was mounted:

On or about February 3, 1999

Location: rear of building,

a) A four plug extension cord outlet used to operate a Bosch model # 11310 EVS chipper was not firmly secured to a stable surface.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 0.00

Occupational Safety and Health Administration

**Inspection Number: 301461018** 

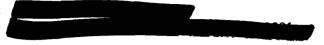
Inspection Dates: 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99



#### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 3 Item 3 Type of Violation: Other

29 CFR 1926.405(g)(2)(ii): Type SJ, SJO, SJT, SJTO, S, SO, ST, or STO flexible cords were used without being durably marked on the surface with the type designation, size, and number of conductors:

On or about February 3, 1999

Location: rear of building,

a) An extension cord used to power a Mekita model # 4014 NV blower was not marked with the type designation.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 0.00

Occupational Safety and Health Administration

**Inspection Number: 301461018** 

**Issuance Date:** 

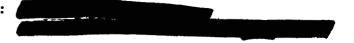
Inspection Dates: 02/03/99 - 02/03/99

02/19/99



#### Citation and Notification of Penalty

Company Name: Inspection Site:

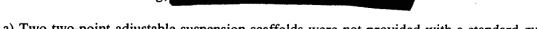


Citation 3 Item 4 Type of Violation: Other

29CFR1926.451(g)(1)(ii): A two-point adjustable suspension scaffold was not protected by both a personal fall arrest system and guardrail system.

On or about February 3, 1999

Location: rear of building,



a) Two two-point adjustable suspension scaffolds were not provided with a standard guardrail system at each end.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 0.00

Occupational Safety and Health Administration

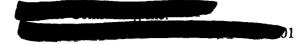
**Inspection Number:** 301461018 **Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99



#### Citation and Notification of Penalty

**Company Name: Inspection Site:** 



Citation 3 Item 5 Type of Violation: Other

29 CFR 1910.134(e)(1): The employer did not provide a medical evaluation to determine the employee's ability to use a respirator before the employee was fit tested or required to use the respirator in the workplace.

On or February 12, 1999

Location: rear of building,

A pointer was performing grinding of previously existing mortar between bricks on the outside of the building and was overexposed to silica above the OSHA permissible exposure limit. The employee wore a Moldex half mask air purifying respirator with particulate filter. It is a lideral problem of the employee was physically able to perform the work and use the pointing equipment while wearing the respirator.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated: 05/26/99
Proposed Penalty: \$ 0.00



### **Inspection Narrative**

Thu Feb 18, 1999 11:37am

Size

Followup Inspection?

60

Good Faith

serious violations, repeat

Reason

			Inst	ection Nr. 301	461018
			Opt	. Case Number 87	
Establishment Name					
Legal Entity		Тур	e of Business constru	ıction	
		Additional (	Citation Mailing Addresses		
		Additional	Chauch Waning Addresses		
non-union		Organi	zed Employee Groups		
HOH-UIHOH					<del></del>
		Authorized	Employee Representatives		
Name		Employer I	Representatives Contacted	Function	
i valle			man	I C O	
			ner	o c	
·		Other	Persons Contacted		
laborer -			laborer -		
aborer -			laborer -		
Entry	02/03/99	09:00	First Closing Conference	02/03/99	14:30
	02/03/99	09:00	Second Closing Conferer	120111111111111111111111111111111111111	1
Opening Conference		100.00	Exit	02/12/99	16:00
	02/03/99	09:00	EXIL	Vailai	10.00

OSH	A-1	A	(Rev	. 6	(93)
-----	-----	---	------	-----	------

History

Coverage Information/Additional Comments
HEALTH NARRATIVE
Inspection Number 301461018
COVERAGE INFORMATION  ses materials manufactured outside of New York State, including but not limited to, Monsey  Pro-Grade Flashing Cement #227, manufactured by
NATURE AND SCOPE
Check Applicable Boxes and Explain Findings:
x Complaint Items
1) Employees are exposed to silica during the grinding of cement pointing during the repair of the brick facing of the building. No engineering controls of wet methods are being used.
Silica sampling was performed on February 12, 1999. At this time the compliance officer cannot conclusively document that there was no overexposure to silica. In the compliance officer's professional opinion, the documentation collected supports that the employees were not overexposed to silica. Citations for safety violations will be issued at this time.
On the day of sampling CSHO the cobserved the following: There were four employees at the job site. Two of the employees were on a scaffold using Bosch model # 11310 EVS chippers and Mekita model # 4014 NV blowers to remove caulking along the edge of windows. A third employee was on a scaffold performing cement pointing on brick using a Bosch model # 0601348 764 grinder. A WAP model # 9-55-13 vacuum was positioned on the scaffold to collect the dust from the pointing. The employee performing the pointing wore a Moldex respirator #8002M with a particulate filter # P100. All the lowers was ANZI approved UVEX goggles. The fourth employee was plaborer and performed tasks on the ground and throughout the job site.  2) Employees are exposed to fall hazards from sub-standard scaffolding as tearfolds are not fully planked and not provided
with guardrall.  CSHO be be served that the scaffolds did not contain standard guard railings or their equivalent at the ends. A citation will be issued.
Referral Items
Accident Investigation Summary & Findings
LEP
Planned Inspection
NATURE AND SCOPE UNUSUAL CIRCUMSTANCES (Mark X and explain all that apply:)
None
Denial of entry (see denial memo)
X Delays in conducting the inspection

the building was harass he stated to CSHO	by in performing the monitoring for silica. Was extremely disturbed that a tenant in sing himself and his employees. After the opening conference was so aggravated that the was going to terminate the job. When the work with the tenant association and the The inspection then proceeded without incident.
	Strikes
	Jurisdictional Issues
	Trade Secrets
Community	Other
Comments:	OPENING CONFERENCE NOTES:
foreman formality of the inspector a walkaround when	re video pictures would be taken, that employees would be interviewed in private, sampling for med, and the same all the information was collected there would be a closing conference. On reviewed the information presented at the opening conference with
RECORDKEEPING (Copy of OSHA 200's	for General Industry must be in casefile)
Records (Mark "X" as	appropriate) OSHA 100
All sections of the section of the s	OSHA 101
	OSHA 102
	x OSHA 200
Supplementary Health	Yes x No
Specify:	
Poster	x Yes No
Location of Poster: off	ice
Additional Comments:	

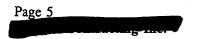
WALKAROUND OBSERVATIONS/UNUSUAL OCCURRENCES:

of

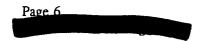
was hired by tenant association to resurface the brick on the outside of the four story building. There were 4 employees wrking at the site. On the day the inspection the employees were removing caulking from the windows.
OSHA EXPOSURE MONITORING.
Performed?:
Sampled For: silica and noise
See the complaint item for detail on silica monitoring.
Employees were sampled for noise exposure on February 12, 1999. See the OSHA 92 forms for detail.
Full Shift/Screening: full shift
Significant Delay(s)?  Yes X No  If yes, explain:
EMPLOYER'S OCCUPATIONAL HEALTH PROGRAM MONITORING PROGRAM
Is any sampling being performed?  Yes x No
If Yes, Describe: Hazard By Whom Method Frequency
Were overexposures documented by the employer?  Yes X No  Were results obtained by CSHO/IH?  Yes No
MEDICAL SURVEILLANCE PROGRAM
Does the employer have a medical program?  Yes X No  Are any programs required by OSHA health standards?  Yes X No  Were any deficiencies noted on frequency, protocol or records?  Yes No
Yes No
Yes No

EDUCATION AND TRAINING PROGRAM

Does the employer have an education and training program?



x Yes No
Are any programs required by OSHA health standards (other than the Hazard Communication Standard)?
Yes x No
Were any deficiencies noted on content or frequency?
Yes No
RECORDKEEPING PROGRAMS (Other than 29 CFR 1904 requirements)
Does the employer have a recordkeeping program relating to any occupational health issues (monitoring, medical, training, respirator fit tests, ventilation measurements, etc.)?
Yes x No
Are any programs required by OSHA health standards?
Yes x No
Were any deficiencies noted on content, frequency or access?  Yes X No
Yes X No
COMPLIANCE PROGRAMS  (engineering controls, PPE, regulated areas, emergency procedures, compliance plans, etc.)
Address any relevant compliance efforts regarding potential health hazards covered by the scope of the inspection.
PERSONAL HYGIENE FACILITIES AND PRACTICES (showers, lockers, change rooms, etc.)
Are any required by OSHA health standards?
Yes x No
What Standards: Were any deficiencies noted?
Yes No
What:
LABELING AND POSTING POLICIES AND PROCEDURES (Other than 29 CFR 1903, 29 CFR 1904 and Hazard Communication Standard)
Are any required by OSHA health standards?
Yes x No
What Standards:
Were any deficiencies noted?
What:
HAZARD COMMUNICATION PROGRAM
The written hazard communication program is located in a previous case file. CSHO obtained the MSDSheet for materials used at this job site.
Written Program (complete)
x Yes No
MSDS's (all)
Labeling (adequate)  No



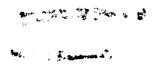
·
Training (complete)    X
Comments:
ACCESS TO EXPOSURE & MEDICAL RECORDS employees are aware of how to access MSDSheets FIRE PROTECTION AND EVACUATION PROCEDURES n/a SYSTEMS SAFETY AND EMERGENCY RESPONSE
n/a
RESPIRATOR PROGRAM  n/a, silica exposure is not expected to be above the PEL  LOCKOUT TAGOUT/ \ELECTRICAL SAFE WORKPRACTICES  n/a
FIRST AID
a hospital is located nearby
ELECTRICAL SAFE WORKPRACTICES
electrical violations will be issued
EXPOSURE CONTROL PLAN n/a
LABORATORY STANDARD
n/a
ERGONOMIC PROBLEMS
Yes x No
If yes, complete the items 1 and 2 below.
1.Lifting (10% or more similarly exposed employees injured)
a. Total # of employees exposed to job:
b. Total # of cases for job:
2.CTD's (10% or more similarly exposed employees have CTD's; 5% or more CTs cases)
a. Total # of employees exposed to job:
b. Total # of cases for job:
Other significant injury/illness trends:
Yes x No
If yes, explain.

### EVALUATION OF EMPLOYER'S OVERALL SAFETY AND HEALTH PROGRAM

General Industry:	
	Yes No Employer has a Safety & Health Program
	Yes No Written
	Yes No Copy Attached
Construction Industry:	X Yes No Accident Prevention Program
	x Yes No Written
	Yes X No Copy Attached
Evaluation of Safety at (0=Nonexistent 1=Inac	nd Health Program dequate 2=Average 3=Above average)
	2 Written S&H Program
	2 Communication to Employees
	1 Enforcement
	2 Safety Training Program
	Health Training Program
	2 Accident Investigation Performed
	2 Preventive Action Taken
Comments:	
	CLOSING CONFERENCE NOTES:
CSHO telephone CSHO explained	discussed the potential violations, provided abatement information, informed Mr. lays to contest the citations, and the availability of the 7C state consultants. On February 4, 1999
	mstances encountered such as, but not limited to, abatement problems, expected contest and/or de? If yes, explain below.  Yes x No
19. Closing Conference	Checklist ("x" as appropriate)

	No Violations Observed
	X Gave Copy Employer Rights
	x Reviewed Hazards & Standards
	x Discuss Employer Rights/Obligations
	x Encouraged Informal Conference
	x Offered Abatement Assistance
1	x Discussed Consultation Programs
. [	Employer/Employee Questionnaires
	Closing Conference Held with Employee Representative
non-union	Jointly Separately
CSHO Signature	Date
CSITO Signature	Date 2/18/99
Accompanied By	





## U. S. Department of Laborational Section and Health

Occupational Safety and Health ... ninistration



#### Worksheet

Fri Feb 19, 1999 9:18pm

rii reo 19, 1999 9.10piii	ı			Inspection Num	per 301461018
			per 87		
Establishment Name					
Type of Violation	S Serious	Citation Number	01	Item/Group	005
Number Exposed	4	No. Instances	1	REC	
Std. Alleged Vio.	1926.0405( g	)( 2)( iv)			

Abatement	MultiS	Step Abatem	ents	Final	Action Type/Dates
Period	PPE Period	Plan	Report	Abatement	
0				Corrected	
				During Inspection	
				Inspection	

Substance Codes

#### AVD/Variable Information:

29 CFR 1926.405(g)(2)(iv): Flexible cords were not connected to devices and fittings so that strain relief is provided to prevent pull from being directly transmitted to joints or terminal screws:

On or about February 3, 1999

Location: Rear of building,



a) Employees were working on a scaffold using a Bosch model # 11310 EVS chip hammer and a Mekita model # 4014 NV blower where the electrical cord's insulation was pulled away from the plug.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

	Penalty	Calculations		A	djustment Fa	ctors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
L Low	L Lesser	01	1500.00	60	0	0	600.00
Repeat Factor		0					

Employee Exposure	22			
Occupation	laborer	Employer		
Nr of Employees	4	Duration	2 weeks	Frequency 8 hrs/ day
Employee Name				
Address			Phone	( ) -
Occupation	laborer	Employer		
Nr of Employees	4	Duration	2 weeks	Frequency 8 hrs/ day
Employee Name				
Address			Phone	
Occupation	laborer	Employer		<b>.</b>
Nr of Employees	4	Duration	2 weeks	Frequency 8 hrs /day
Employee Name				

Address			Phone	( ) -
Occupation	laborer	Employer		
Nr of Employees	4	Duration	2 weeks	Frequency 8 hrs/day
Employee Name				
Address !			Phone	( ) -

Instance Description:

A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

4. Date/Time
February 3, 1999
1:05PM

- 20. Instance Description Describe the following:
  - a) Hazards-Operation/Condition-Accident

CSHO colors observed an extension cord with a four plug outlet without a strain relief devise and exposing live wires. A Busch model # 11310 EVS chipper was plugged into the extension cord outlet. CSHO colors observed 2 employees on a scaffold using the chipper to remove caulking. Employees come in contact with the live wires on the extension outlet while setting up and taking down the extension cords used to power the chipper. Exposure to the live wires can result in 1st degree burns.

- b) Equipment- Busch Medel # 11310 EVS chipper
- c) Location rear of building of 30 Clinton Place
- d) Injury/Illness- 1st degree burns
- e) Measurements- n/a

21. Photo Number	Location on Video

23. Employer Knowledge:

Mr. walks around the site and was aware that extension outlet did not contain a strain relief devise.

24. Comments (Employee, Employee, Closing Conference):

Abated - CSHO observed during sampling on February 12th that all electrical wiring has been replaced.

25. Other Employer Information:

26. Classificatio	n:			
Serious	Knowledge	S or O		Willful?
у	у	s	n	n

First Repeat	Second Repeat	Repeat Penalty
1		
<u> </u>		l

#### **ILLNESS VIOLATION PENALTY COMPUTATION**

ILLNESS DESCRIPTION: 1st degree	burns	
SEVERITY: High Medium	Low _x	Minimal

1 to 8 Hours Per Week Greater Than 8 Hours per Week  PPE: Not Used Used By Some Employees x_ Used By All Employees  No Written Program Good Written Program  Written Program With Minor Deficiencies x
Medical Surv.: No Program _x_ Effective Program Partially Effective Program
Stress Factor:
Other Factors:
FINAL PROBABILITY ASSESSMENT: GREATER LESSER _x ADJUSTMENT FACTORS
Good Faith: 25% 15% 0% x
Justification:
a repeat violation.
History: 10%  0%x
Justification:  has been cited in the past with final order
dates of January 13, 1998 and November 24, 1998.

# U. S. Department of Labcoccupational Safety and Health. ninistration



#### Worksheet

Fri Feb 19, 1999 9:18pm

				Inspection Numb	oer 301461018
				Opt. Insp. Numb	oer 87
Establishment Name					
Type of Violation	O Other	Citation Number	03	Item/Group	002
Number Exposed	4	No. Instances	1	REC	
Std. Alleged Vio.	1926.0403( d	)(1)			

Abatement	MultiStep Abatements			Final	Action Type/Dates
Period	PPE Period	Plan	Report	Abatement	
0				Corrected	
				Corrected During	·
				Inspection	

Substance Codes		

AVD/Variable Information:

29 CFR 1926.403(d)(1): Electric equipment was not firmly secured to the surface on which it was mounted:

On or about February 3, 1999

Location: rear of building,

a) A four plug extension cord outlet used to operate a Bosch model # 11310 EVS chipper was not firmly secured to a stable surface.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

	Penalty	Calculations	Ş	ŀ	Adjustment Fa	ctors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
N Minimal	L Lesser	01		60	0	0	0.0
Repeat Factor		Λ					

Employee Exposure	2;			
Occupation	laborer	Employer		
Nr of Employees	4	Duration	2 weeks	Frequency 8 hrs/ day
Employee Name			<del>7</del>	
Address			Phone	( ) -
Occupation	laborer	Employer	/	
Nr of Employees	4	Duration	2 weeks	Frequency 8 hrs/ day
Employee Name				
Address			Phone	
Occupation	laborer	Employer	4	7
Nr of Employees	4	Duration	2 weeks	Frequency 8 hrs /day
Employee Name				
Address			Phone	( ) -

PROBABILITY OF INJURY:
Number Exposed: 4
Frequency: Continuous Daily _x_ Weekly Partial Shift Short   1 to 8 Hours Per Week Greater Than 8 Hours per Week
PPE: Not Used Used By Some Employeesx_ Used By All Employees No Written Program Good Written Program
Written Program With Minor Deficiencies x
Medical Surv.: No Programx_ Effective Program Partially Effective Program
Stress Factor:
Other Factors:
FINAL PROBABILITY ASSESSMENT: GREATER LESSERx_
ADJUSTMENT FACTORS
Good Faith: 25%
15% 0%x
Justification:
- has a repeat violation.
. Into a Topour Violation.
History: 10%
0%x
Justification:
final order dates of January 13, 1998 and November 24, 1998.

	Z Add transaction	A Add	S Serious	600.00 02/24/99
Event Date	Event Code	Action Code	Citation Type	Penalty Abate Final Date Order

#### U. S. Department of Labor Occupational Safety and Health. ninistration



#### Worksheet

Fri Feb 19 1999 9:18pm

•				Inspection Num	iber 301461018
				Opt. Insp. Num	iber 87
Establishment Name					
Type of Violation	S Serious	Citation Number	01	Item/Group	006
Number Exposed	4	No. Instances	1	REC	
Std. Alleged Vio.	1926.0405( g	)( 2)( iii)			

Abatement	MultiS	Step Abatem	ents	Final	Action Type/Dates
Period	PPE Period	Plan	Report	Abatement	
0				Corrected	
Ì				During	
				Inspection	

Substance Codes

AVD/Variable Information:
29 CFR 1926.405(g)(2)(iii): Flexible cords were not used only in continuous lengths without splice or tape:

On or about February 3, 1999

Location: Rear of building

a) An orange extension cord used to power a Mekita model # 4014 NV blower and Bosch model # 11310 EVS Chip hammer was spliced.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

u de la companya de La companya de la co	Penalty	Calculations		I	djustment Fa	ctors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
L Low	L Lesser	01	1500.00	60	0	0	600.00
Repeat Factor		0					•

Employee Exposure	\$				
Occupation	laborer	Employer			
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs/ day
Employee Name					
Address			Phone	( ) -	
Occupation	laborer	Employer			
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs/ day
Employee Name					
Address			Phone		
Occupation	laborer	Employer			
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs /day
Employee Name					
Address			Phone	( ) -	

Occupation	laborer	Employer	
Nr of Employees	4	Duration 2 weeks	Frequency 8 hrs/day
Employee Name			
Address		Phone	( ) -

Instance Description:

A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

4. Date/Time
February 3, 1999
1:05PM

- 20. Instance Description Describe the following:
  - a) Hazards-Operation/Condition-Accident

An extension cord used to power a Mekita model # 4014 blower and Bosch model # 11310 EVS chipper was spliced in several locations. In one location the wires were spliced and covered with tape. The blower and chipper was used to remove caulking. Exposure to the spliced electrical cord wires can result in 1st degree burns.

- b) Equipment- extension cord
- c) Location rear of building, 30 Clinton Place, New Rochelle
- d) Injury/Illness- 1st degree burns
- e) Measurements- n/a

21. Photo Number		<b>o</b>	

23. Employer Knowledge:

Mr. walks around the site and is aware of the condition of the equipment.

24. Comments (Employer, Employee, Closing Conference):

Abated - CSHO observed during sampling on February 12th that all the electrical wiring have been replaced.

25. Other Employer Information:

26. Classificatio				antiqua qual alla de conserva de la
Serious	Vnoveladaa	S or O		
у	у	0	n	n

Second Repeat	Repeat Penalty

#### **ILLNESS VIOLATION PENALTY COMPUTATION**

ILLNESS DESCRIPT	ION: 1st degre	e burns				
SEVERITY: High	Medium	_ Lowx	_ Minimal _			
PROBABILITY OF IN Number Exp				. = = = = = = =	: = = = = = = = =	=
		_ Dailyx_	_ Weekly	Partial Shift Than 8 Hours p	Short er Week	
PPE: Not Us	ed Used E	By Some Emp	ployees x	_ Used By All En ten Program	nployees	

Written Program With Minor Deficienciesx  Medical Surv.: No Programx_ Effective Program Partially Effective Program
Stress Factor:
Other Factors:
FINAL PROBABILITY ASSESSMENT: GREATER LESSERx
ADJUSTMENT FACTORS
Good Faith: 25% 15% 0%x Justification:
a repeat violation.
History: 10%  0% x  Justification:
as cited by OSHA within the last 3 years with final order dates of January 13, 1998 and November 24, 1998.

2	Z Add transaction	A Add	S Serious	600.00 02/24/99
Event Date	Event Code	Action Code	Citation Type	Penalty Abate Final Date Order

# U. S. Department of Labor Occupational Safety and Health inistration

#### Worksheet

Fri Feb 19, 1999 9:18pm

rn red 19, 1999 9:18pn	II.				
				Inspection Number	301461018
				Opt. Insp. Number	87
Establishment Name					
Type of Violation	R Repeat	Citation Number	02	Item/Group	001
Number Exposed	4	No. Instances	1	REC	
Std. Alleged Vio.	1926.0403( i)	(2)( i)			

Abatement	MultiS	Step Abatem	ents	Final	Action Type/Dates
Period	PPE Period	Plan	Report	Abatement	
0				Corrected	
				Corrected During	
				Inspection	

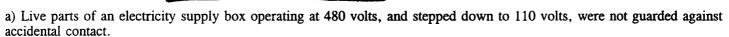
Substance Codes		

#### AVD/Variable Information:

29 CFR 1926.403(i)(2)(i): Live parts of electric equipment operating at 50 volts or more were not guarded against accidental contact by cabinets or other forms of enclosures, or by any of the following means: (A) by location in a room, vault, or similar enclosure that is accessible only to qualified persons; (B) by partitions or screens so arranged that only qualified persons will have access to the space within reach of the live parts; (C) by location on a balcony, gallery, or platform so elevated and arranged as to exclude unqualified persons; (D) by elevation of 8 feet or more above the floor or other working surface and so installed as to exclude unqualified persons:

On or about February 3, 1999

Location: Rear of building,



P. WAS PREVIOUSLY CITED FOR A VIOLATION OF THIS OCCUPATIONAL SAFETY AND HEALTH STANDARD, ITS EQUIVALENT, OR ESSENTIALLY SIMILAR STANDARD, 29 CFR 1926.403(i)(2)(i), WHICH WAS CONTAINED IN OSHA INSPECTION NUMBER 301456166, CITATION NUMBER 01, ITEM NUMBER 04, ISSUED ON 12/17/97, FINAL ORDER DATE 1/13/98.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

	Penalty	Calculations		ŀ	Adjustment Fa	ectors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
H High	L Lesser	03	5000.00	60	0	0	2000.00
Repeat Factor		1					

Occupation	laborer	Employer Employer
Nr of Employees	4	Duration 2 weeks Frequency 8 hrs/ day
Employee Name		
Address	7	Phone ( ) -
Occupation	laborer	Employer A Company of the Company of

E. Measurements

C. Location

D. Injury/Illness

Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs/ day
Employee Name					
Address			Phone		
Occupation	laborer	Employer			
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs /day
Employee Name					
Address			Phone	( ) -	
Occupation	laborer	Employer			,
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs/day
Employee Name					
Address			Phone	( ) -	

B. Equipment

4. Date/Time	
February 3, 1999 1:05PM	

Instance Description:

- 20. Instance Description Describe the following:
  - a) Hazards-Operation/Condition-Accident

A. Hazard

CSHO Olsson observed Allstate Restoration employees working with a Mekita model # 4014 NV blower and a Busch model # 11310 EVS chip hammer that were plugged into extension cords that went into an outlet located in an electrical supply box. The supply box was located in the mechanical/elevator room on top of the roof. The box contained exposed live parts (480 volts stepped down to 110 with allegator clips) and was located at the entrance way of the mechanical room. Employees need to enter this area to assemble their tools for the day and disassemble their tools in the evening. This condition exposes the employees to the hazard of electrical shock.

- b) Equipment- live parts, extension cords
- c) Location rear of building, 30 Clinton Pl, New Rochelle, NY
- d) Injury/Illness- 3rd degree burns, death
- e) Measurements- n/a

21. Photo Number	Location on Video

23. Employer Knowledge:

Mr. tated to employees plug into the outlet.

that he was aware the

24. Comments (Employer, Employee, Closing Conference):

Abated - CSHO below observed during sampling on February 12th that the box now has a cover, all wiring has been taken away or replaced, and a generator is now being used.

25. Other Employer Information:

26. Classificatio Serious				
у	у	s	n	n

First Reneat Second Reneat Keneat Penalty	First Peneat	Second Repeat	Repeat Penalty

		T
у	·	

#### **ILLNESS VIOLATION PENALTY COMPUTATION**

ILLNESS DESCRIPTION:	3rd degree	burns, deat	h	
SEVERITY: HighxN	/ledium	Low	Minimal	<del></del>
PROBABILITY OF INJUR	Υ:			
PPE: Not Used N V	inuous l to 8 Hours l Used By lo Written Progra	Some Emploogram  am With Mir	oyeesx Good Writte or Deficient	Partial Shift Short Short Shan 8 Hours per Week Shan 8 Hours per Week Shan Bright Shift Short Short Shan 8 Hours Short S
Stress Factor:	o Program	x Effectiv	e Program _	Partially Effective Program
Other Factors:				
FINAL PF	ROBABILITY	ASSESSME	NT: GREATE	ER LESSER _x_
ADJUSTMENT FACTORS	S			· <b></b>
Good Faith: 2 1 Justif <u>ic</u> at	5% 0% _x	-		
Justilicat	1011.	ac	d a repeat v	violation.
Justificat		va		he past by OSHA with final order ember 24, 1998.

Event Date	Event Code	Action Code	Citation Type	Penalty Abate Final Date Order
02/19/99	Z Add transaction	A Add	R Repeat	2000.00 02/24/99

#### U. S. Department of Labor ninistration

Occupational Safety and Health.



#### Worksheet

Fri Feb 19, 1999 9:18pm

-				Inspection Numb	er 301461018
				Opt. Insp. Numb	er 87
Establishment Name					
Type of Violation	O Other	Citation Number	03	Item/Group	001
Number Exposed	4	No. Instances	1	REC	-
Std. Alleged Vio.	1926.0051( c	)(2)			

Abatement	MultiS	Step Abatem	ents	Final	Action Type/Dates
Period	PPE Period	Plan	Report	Abatement	
7				03/01/99	

Substance Codes

AVD/Variable Information:

29 CFR 1926.51(c)(2): Under temporary field conditions, provisions were not made to assure that not less than one toilet facility was available:

On or about February 3, 1999

Location: Rear of building,

a) Employees removing caulking and resurfacing brick did not have access to a toilet.

ABATEMENT NOTE: a contractor employing 20 or less employees should have at least one toilet facility available for use.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

	Penalty	Calculations		F	Adjustment Fa	ctors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
N Minimal	L Lesser	01		60	0	0	0.0
Repeat Factor		0					

Employee Exposure	<b>;</b>				
Occupation	laborer	Employer			
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs/ day
Employee Name					
Address			Phone	( ) -	
Occupation	laborer	Employer			
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs/ day
Employee Name					
Address			Phone		
Occupation	laborer	Employer			
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs /day
Employee Name					-
Address			Phone	( ) -	
Occupation	laborer	Employer			

tion Nr. 20	19 Citation No. 02 Itom/Crown 00	
tion Nr. 30.	18 Citation Nr. 03 Item/Group 00	١.
		_

Nr of Employees 4	Duration 2 weeks	Frequency 8 hrs/day
Employee Name	-	
Address	Phone	( ) -

B. Equipment C. Location D. Injury/Illness E. Measurements Instance Description: A. Hazard

4. Date/Time February 12, 1999 8:30 AM

- 20. Instance Description Describe the following:
  - a) Hazards-Operation/Condition-Accident

Employees removing caulking and resurfacing brick were not provided with a toilet. went to perform There were 4 employees working at the job site. When CSHO silica sampling she asked were a toilet could be found. One employee stated that this was a big problem since he needed to go to the toilet during his work shift. He stated a friend of his owned a restaurant down the road and let him use the toilet. Not having access to a toilet could result in a bladder infection.

- b) Equipment-n/a
- c) Location rear of building
- d) Injury/Illness-bladder infection
- e) Measurements-n/a

21. Photo Number	1 (4 m) 1 m)	Location on Video

23. Employer Knowledge:

visits the site regularly and is aware that their are no toilet facilities for the stated to CSHO that he guessed the employees could go ask one of the local store owners.

24. Comments (Employer, Employee, Closing Conference):

will make arrangements with the building owner for use of a bathroom. Mr. requested 7 days to make the arrangements and send abatement certification.

25. Other Employer Information:

26. Classificatio	DY.			
Serious	Knowledge	S or O		
n	у	0	n	n

First Repeat	Second	Repeat	Repeat P	enalty

#### **ILLNESS VIOLATION PENALTY COMPUTATION**

ILLNESS DESCRIPTION: bladder infection								
SEVERITY: High	Medium	Low	Minimal _>	<u> </u>				
	INJURY: Exposed: 4 y: Continuous	Daily _x_	Weekly	Partial Shift	Short			

			Inspec	tion Nr. 30.	18 Citatio	n Nr. 03 Item/C
pation la	borer		Employer	<i>;</i>		
f Employees 4	DOTE:		Duration	2 weeks	Frequen	cy 8 hrs/day
loyee Name			Duration	2 weeks	Frequen	cy jo nrs/day
ess				Phone	( ) -	
nce Description:	A. H	azard B. Equi	pment C. ]	ocation 1	D. Injury/Illnes	s E Measure
4. Date/Time						
February 3, 19 1:05PM	99					
s s t b) Equip c) Locati d) Injury	is used to provide caulking. AAD everal times around while trying to remourns.  ment- outlet on - rear of building/Illness- minor burnements- n/a	and ( and a pole and the move the plug from	CSHO e outlet dang	observed the ling. An em that was no	ne extension comployee could re	rd wrapped ceive a shock
21. Flioto ivalili	<i>)</i> Cl		Location on	Video		
23. Employer Known Mr. equipmen	walks a t. mployer, Employe	around the area		of the condi		
24. Comments (E Abated - has been 25. Other Employ		served during sa nerator is now u	11	bruary 12th	that all the elec	ctrical wiring
24. Comments (E Abated - has been 25. Other Employ	replaced and a general rer Information :	nerator is now u	mpling on Fe sed.			ctrical wiring
24. Comments (E Abated - has been 25. Other Employ	replaced and a general replaced information :	S or O	11	<u>t?</u>	that all the electric willful?	ctrical wiring
24. Comments (E Abated - has been 25. Other Employ  26. Classification Serious	replaced and a general rer Information :  n:  Knowledge  y	S or O	mpling on Fe sed.	<u>t?</u>	Willful?	·
24. Comments (E Abated - has been 25. Other Employ  26. Classification Serious n	replaced and a general rer Information :  n:  Knowledge  y  Repeat	S or O	Repean n	t?	Willful? n Repeat Pe	·

PROBABILITY OF INJURY: Number Exposed: 4 Frequency: Continuous \_\_\_ Daily \_x \_ Weekly \_\_\_ Partial Shift \_\_\_ Short \_\_\_ 1 to 8 Hours Per Week \_\_\_ Greater Than 8 Hours per Week \_\_\_\_

PPE: Not Used Used By Some Employeesx _ Used By All Employees No Written Program Good Written Program Written Program With Minor Deficienciesx Medical Surv.: No Program X Effective Program Partially Effective Program
Stress Factor:
Other Factors:
FINAL PROBABILITY ASSESSMENT: GREATER LESSERx =================================
Good Faith: 25% 15% 0%x
Justification:
had a repeat violation.
History: 10% 0%x
Justification:
been cited by OSHA in the past with final
order dates of January 1, 1998 and November 24, 1998.

j

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Final Date Order
02/19/99	Z Add transaction	A Add	O Other	0.0	02/24/99

# U. S. Department of Labor Occupational Safety and Health Aninistration



#### Worksheet

Fri Feb 19 1999 9-18pm

				Inspection Numb	per 301461018
				Opt. Insp. Numb	per 87
Establishment Name		<b>.</b>			
Type of Violation	O Other	Citation Number	03	Item/Group	003
Number Exposed	4	No. Instances	1	REC	
Std. Alleged Vio.	1926.0405( g	)(2)( ii)			

Abatement	MultiStep Abatements			Final	Action Type/Dates
Period	PPE Period	Plan	Report	Abatement	
0				Corrected	
				During	
				Inspection	

L'arlantamon ( adon				
Substance Codes				
Production Committee and Commi				1

AVD/Variable Information:

29 CFR 1926.405(g)(2)(ii): Type SJ, SJO, SJT, SJTO, S, SO, ST, or STO flexible cords were used without being durably marked on the surface with the type designation, size, and number of conductors:

On or about February 3, 1999

Location: rear of building,

a) An extension cord used to power a Mekita model # 4014 NV blower was not marked with the type designation.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Penalty Calculations					djustment Fa	Proposed Adjusted	
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
N Minimal	L Lesser	01		60	0	0	0.0
Repeat Factor		0					

Occupation	laborer	Employer Control of the Control of t				
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs/ day	
Employee Name		4		:		
Address			Phone	( ) -		
Occupation	laborer	Employer			7	
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs/ day	
Employee Name						
Address			Phone			
Occupation	laborer	Employer				
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs /day	
Employee Name						
Address	{		Phone	( ) -		

Occupation	laborer	Employer <b>Employer</b>	
Nr of Employees	4	Duration 2 weeks	Frequency 8 hrs/day
Employee Name			
Address		Phone	( ) -

Instance Description: A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

4. Date/Time
February 3, 1999
1:05PM

- 20. Instance Description Describe the following:
  - a) Hazards-Operation/Condition-Accident

Employees were using a Mekita model # 4014 NV blower and a Bosch model # 11310 EVS chip hammer attached to an orange extension cord to remove caulking. The orange extension cord did not have an identifying marking on the insulation that described the type designation, size, and number of conductors. Using the incorrect type of extension cord can result in minor burns.

- b) Equipment- orange extension cord
- c) Location rear of building,

New Rochelle, NY

d) Injury/Illness- minor burnse) Measurements- n/a

21. Photo Number	Location on Video

23. Employer Knowledge:

Regularly walks around the site and is aware of the type of equipment in use.

24. Comments (Employer, Employee, Closing Conference):

Abated - CSHO believed durning sampling on February 12th that all the electrical wiring has been replaced and a generator is now in place.

25. Other Employer Information:

26.	Classification	n:			
	Serious	Knowledge	S or O	<ul> <li>Construction of the contract of t</li></ul>	Willful?
	n	у	o	n	n

First Repeat	Second Repeat	Repeat Penalty

#### **ILLNESS VIOLATION PENALTY COMPUTATION**

ILLNESS DESCRIPTION	N: minor burns				
SEVERITY: High	Medium Low _	Minimal	x	· · · · · · · · · · · · · · · · · · ·	
PROBABILITY OF INJU					
Frequency: Cor PPE: Not Used	ntinuous Daily 1 to 8 Hours Per W Used By Some	_x Weekly leek Greater Employees x	Partial Shift Than 8 Hours pe Used By All Em	Short er Week ployees	

No Written Program Good Written Program
Written Program With Minor Deficienciesx_
Medical Surv.: No Program x Effective Program Partially Effective Program
Stress Factor:
Other Factors:
Other ractors.
FINAL PROBABILITY ASSESSMENT: GREATER LESSERx_
AD HISTMENT EACTORS
ADJUSTMENT FACTORS
Good Faith: 25%
15%
0% <u>x</u>
Justification:
had a repeat violation.
had a repeat violation.
History: 10%
0% _x
Justification:
has been cited by OSHA in the past with
mai order dates of January 13, 1998 and November 24, 1998.

Mar 2012 (1911) 1237 (1913) 134	dd transaction	A Add	O Other	0.0 02/24/99
Event Even	nt Code	Action Code	Citation Type	Penalty Abate Final Date Order

## U. S. Department of Labor Occupational Safety and Health an inistration

#### Worksheet

Fri Feb 19, 1999 9:18pm

				Inspectio	n Number	301461018
				Opt. Insp	. Number	87
Establishment Name						
Type of Violation	O Other	Citation Number	03	Item/Group	0	04
Number Exposed	5	No. Instances	1	REC	C Complaint	<del></del>
Std. Alleged Vio.	1926.0451( g	)(1)( ii)				

Abatement	MultiSt	ep Abatem	ents	Final	Action Type/Dates
Period	PPE Period	Plan	Report	Abatement	
0				Corrected	
			<b>[</b>	During	
				Inspection	

Substance Codes			

AVD/Variable Information:

29CFR1926.451(g)(1)(ii): A two-point adjustable suspension scaffold was not protected by both a personal fall arrest system and guardrail system.

On or about February 3, 1999

Location: rear of building,

a) Two two-point adjustable suspension scaffolds were not provided with a standard guardrail system at each end.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

	Penalty	Calculations			Adjustment Fa	ctors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
N Minimal	L Lesser	01		60	0	0	0.0
Repeat Factor		0					

Employee Exposure	3				
Occupation		Employer			
Nr of Employees	0	Duration		Frequency	
Employee Name					
Address	,		Phone	( ) -	
Occupation	laborer	Employer			)
Nr of Employees	4	Duration	2 weeks	Frequency	8 hrs/ day
Employee Name					
Address	3		Phone	( ) -	
Occupation	laborer	Employer			
Nr of Employees	4		2 weeks	Frequency	8 hrs/ day
Employee Name					
Address			Phone		

E. Measurements

C. Location

D. Injury/Illness

Occupation	laborer	Employer
Nr of Employees	4	Duration 2 weeks Frequency 8 hrs /d
Employee Name		
Address	3	Phone ( ) -
Occupation	laborer	Employer Control of the Control of t
Nr of Employees	4	Duration 2 weeks Frequency 8 hrs/da
Employee Name		
Address		Phone ( ) -

B. Equipment

|--|

Instance Description:

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

A. Hazard

Two two-point adjustable suspension scaffolds did not contain an adequate fall protection system. There were two scaffolds where two employees were working on each scaffold. The scaffold located at the southern end of the building was two stories above the ground. The scaffold at the northern end was four stories above the ground. Employees were working on the scaffolds removing caulking from windows.

observed that each scaffold contained a standard guardrail consisting of a top and mid rail and a toe board on the edge opposite the wall of the building. All employees were wearing personal fall arrest systems. Both the personal fall arrest systems and scaffolds were tied back to bulkheads. The end rails did not meet the requirements of a standard guardrail system. End rails consisted of stirrups with a hoist mechanism. Employees were wearing personal fall arrest systems, therefore, would receive minor cuts if they were to fall off the scaffold.

- b) Equipment- two-point suspension ecaffolds
- c) Location rear of building
- d) Injury/Illness- minor cuts
- e) Measurements-height of scaffold

21. Photo Number	Location on Video

23. Employer Knowledge:

discussed in the informal conference

24. Comments (Employer, Employee, Closing Conference):

Abated - CSHO observed during sampling on February 12th that a standard guardrail system is now in place.

25. Other Employer Information:

	n:			
Serious	Vnomladaa	S or O	Repeat?	Willful?
n	у	o	n	n

<ul> <li>In the second control of the se</li></ul>	<ol> <li>A. A. Mariano, A. A. Mariano, A. Mariano,</li></ol>	
■ 1, 100 to 1, 100 to 1 to 1 to 100		
Firet Depeat	M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Repeat Penalty
First Repeat	Second Repeat	Repeat Penalty
rusi Kebeai	Scomu Robeat	1 COULT CHAILY

Inspection	Nr	3(
mspection	141.	20

T
}
 <del> </del>

#### ILLNESS VIOLATION PENALTY COMPUTATION

**ILLNESS DESCRIPTION:** minor cuts SEVERITY: High \_\_\_ Medium Low \_\_ Minimal x PROBABILITY OF INJURY: Number Exposed: 4 ntinuous Daily x Weekly Partial Shift Short

1 to 8 Hours Per Week Greater Than 8 Hours per Week
Used By Some Employees x Used By All Employees Frequency: Continuous PPE: Not Used No Written Program Good Written Program Written Program With Minor Deficiencies \_x\_ Medical Surv.: No Program \_\_x\_ Effective Program \_\_\_ Partially Effective Program Stress Factor: Other Factors: FINAL PROBABILITY ASSESSMENT: GREATER \_\_\_ LESSER \_x ADJUSTMENT FACTORS Good Faith: 25% 15% 0% Justification: had a repeat violation. History: 10% 0% Justification: vas cited in the past with final order dates of January 13, 1300 and November 24, 1998. 

02/19/99	Z Add transaction	A Add	O Other	0.0	02/24/99	$\neg \neg$
Date		Action Code	Citation Type			Final Order

## U. S. Department of La' - Occupational Safety and Health Administration



#### Worksheet

Fri Apr 16, 1999 3:40pm

				Inspection Number	301461018
				Opt. Insp. Number	87
Establishment Name	***************************************				
Type of Violation	S Serious	Citation Number	01	Item/Group	007 (a)
Number Exposed	4	No. Instances	1	REC	
Std. Alleged Vio.	1926.0055( a)				

	p Abatements	Final	Action Type/Dates
Period PPE Period	Plan Report	Abatement	
30			

G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1	CIDATORDAY TAXABLE	OTTA DOME ALC OTTA SOME	DECE DIGE
Substance Codes   9010 - SILICA	CRYSTALLINE	QUARTZ (AS QUARTZ),	RESP DUST
		COUNTY (IN COUNTY)	, RESSI. DOSI

AVD/Variable Information:

29 CFR 1926.55(a): Employee(s) were exposed to material(s) at concentrations above those specified in the "Threshold Limit Values of Airborne Contaminants for 1970" of the American Conference of Governmental Industrial Hygienists:

On or about February 12, 1999

Location: Rear of building,

An employee was pointing brick with a Bosch grinder.

Full shift personal monitoring of the employee for respirable crystalline silica was performed on February 12, 1999. Total sampling time was 401 minutes. When calculating the eight-hour-time-weight exposure level, zero exposure was assumed for non-sampled time. The respirable dust samples contained 19% crystalline silica (respirable quartz). The permissible exposure limit for dust containing 19% crystalline silica (respirable quartz) is 0.470 mg/m3 (milligrams per cubic meter). The employees eight-hour-time-weighted exposure to the respirable dust was 2.62 mg/m3 which is five and one-half times the permissible exposure limit.

NOTE: In addition to abatement certification, the employer is required to submit abatement documentation for this item in accordance with 29 CFR 1903.19.

	Penalty	Calculations	3	A	Adjustment Fa	ctors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
H High	L Lesser	03	2500.00	60	0	0	1000.00
Repeat Facto	ť	0					

Employee Exposure:	
Occupation laborer	Employer Employer
Nr of Employees 4	Duration 2 weeks Frequency 8 hrs/day
Employee Name	
Address	Phone ( ) -

4. Date	/Time		
Februar	y 12,	1999	

8 Citation Nr. 01 Item/Group 007 (a)

- 20. Instance Description Describe the following:
  - a) Hazards-Operation/Condition-Accident

CSHO sampled three laborers. Two of the laborers were removing caulking from window sills. One of the laborers was performing pointing. Caulking was removed with a Bosch chipper (model # 11310) and a Makita blower (model # 4114MV, serial # 53127E). The pointer was using a Bosch grinder (model # 0601348, serial # 4570258). Laborers access the window sills and brick on scaffolds. Laborers performed the same operation consistently throughout the day with a break for lunch and a half-hour for cleanup at the end of the day.

ilizes engineering controls and provides the laborers with personal protective equipment. Laborers performing caulking wear UVEX Goggles. The pointer wears UVEX Goggles and a Moldex respirator with particulate filter. There are no engineering controls used during caulking removal. A WAP International vacuum filter (model # 9-55-13. serial # 968324) with a 100 watt rating, 90 inch static water lift, 0.3 HEPA filter with capture bag, and the dimensions 16"x 16"x 24" is placed on the floor of the scaffold to control employees exposure to dust/silica during pointing.

Two of the three employees sampled had exposure to silica. The third employee (caulking removal) did not have any exposure to silica. Exposure levels are presented below.

The CSHO computed the following eight-hour-average exposure. (pointing) 2:62 (caulking)

The CSHO computed the following percent of silica in the samples.

19.26 19.13

The CSHO calculated the following PEL values for silica based on the percent of silica in the samples.

0.470 0.470

Sampling results indicated that the pointer had an 8-hour TWA of 2.62 with a PEL of 0.470, which is five and one-half times over the PEL.

CSHO on April 13, 1999 to discuss the sampling contacted stated to CSHO that employees never work 8 full hours stated that the pointer worked for eight straight hours to accommodate results. pointing. OSHA sampling. During pre-sampling conversations with **CSHO** was lead to believe that 8 hours of pointing was a 'typical day since CSHO repeatedly stated that OSHA needs to monitor employees for a full "typical" day of work to obtain a representative sample. stated to CSHO during a conversation latter in the day that laborers typically remove brick for the first 3-4 hours during the day and the remainder of the day is used to fill in the spaces so that the interior of the building is not damaged from poor evening weather. stated to CSHO that the weather forecast was favorable for the evening, therefore, he felt comfortable not filling in the spaces that day.

Given the fact that pointing is repetitive work. If the pointer was exposed to five and one-half (5.57) times the PEL at eight hours, the pointer would be exposed to 2.79 times the PEL at 4 hours, and 2.09 times the PEL at 3 hours. Therefore, even if a "typical" day consists of 3-4 hours of pointing the laborers would still be overexposed to silica.

- b) Equipment-Bosch grinder
- c) Location rear of building.
- d) Injury/Illness- silicosis
- e) Measurements- overexposure to silica

21. Photo Number Location on Video

			•		
24. Comments (E	knew them s with PPE and en mployer, Employer stated to CSH are in the proof d like 30 days to	ee, Closing Control of that the cess of identifying	the brick and sealar ols. ference):	rill contest the citat	
26. Classification					1
Serious	Knowledge	S or O	Repeat?	Willful?	
у	у	S	n	n	
First I	Repeat	Seco	nd Repeat	Repeat	Penalty
	ILLNESS V	IOLATION F	PENALTY COMP	UTATION	
ILLNESS DESCRI	PTION: silicosis				
SEVERITY: High	_x Medium	Low	Minimal		
PROBABILITY OF Number E Frequency PPE: Not	injury: ixposed: 4 y: Continuous 1 to 8 Hou Used No Written Written Pro urv.: No Program	Dailyx_ rs Per Week _ By Some Empl Program gram With Mi	Weekly Partial Greater Than 8 oyees Used By Good Written Pro nor Deficiencies	Shift Short Hours per Week All Employees _ gram	_x
	NAL PROBABILIT ======= ACTORS		NT: GREATER	LESSER _x_	
Good Fait	h: 25% 15% 0% _x estification:		a repeat violation	n during this ins	spection.
History: Ju	10% 0% x stification: final order		been cited by OSI ary 13, 1998 and		

Event Date	Event Code	Action Code	Citation Type	Penalty Abate Date	Final Order
	Z Add transaction	A Add	S Serious	1000.00	

## U. S. Department of La -

Occupational Safety and Health Aministration



#### Worksheet

Fri Apr 16, 1999 3:40pm

				Inspection Number	301461018
				Opt. Insp. Number	87
Establishment Name					
Type of Violation	S Serious	Citation Number	01	Item/Group	007 (b)
Number Exposed	4	No. Instances	1	REC	<del></del>
Std. Alleged Vio.	1926.0055( b)				

	ItiStep Abatements	Final	Action Type/Dates
Period PPE Perio	od Plan Report	Abatement	
. 30			

C.E. C.E. DOLO STITCA	CONCORATA DE OTTA DESCRIPTION DECEMBRICA
Substance Codes 19010 - SILICA	CRYSTALLINE QUARTZ (AS QUARTZ), RESP. DUST
***************************************	

#### AVD/Variable Information:

29 CFR 1926.55(b): Feasible administrative or engineering controls were not implemented to reduce employee exposure(s): On or about February 12, 1999

Location: Rear of building

An employee was chipping brick with a Bosch grinder.

Full shift personal monitoring of the employee for respirable crystalline silica was performed on February 12, 1999. Total sampling time was 401 minutes. When calculating the eight-hour-time-weighted exposure level, zero exposure was assumed for non-sampled time. The respirable dust samples contained 19% crystalline silica (respirable quartz). The permissible exposure limit for dust containing 19% crystalline silica (respirable quartz) is 0.470 mg/m3 (milligram per cubic meter). The employees eight-hour-time-weighted exposure to the respirable dust was 2.62 mg/m3 which is five and one-half times the permissible exposure limit.

#### Abatement Schedule

Step 1- Submit to the Area Director a detailed written plan of abatement outlining a schedule for the implementation of engineering and/or administrative measures to control employee exposure to hazardous substances referenced in this citation. The plan shall include, at a minimum, target dates for the following actions which should be consistent with the dates required by this citation:

- (a) Evaluation of the extent and location of the hazard source.
- (b) Evaluation of control measure options.
- (c) Selection of optimum control measures.
- (d) Determination of control measure design.
- (e) Ordering and delivery of equipment and materials.
- (f) Installation of control measure.
- (g) Training of employees in proper operation and maintenance of newly implemented control measures.

All control measures shall be evaluated for each particular use by a competent Industrial Hygienist or other technically qualified person. Thirty (30) day progress reports are required during the abatement period.

Step 2 - Correction shall be completed by the implementation of feasible engineering and/or administrative controls and their effectiveness at achieving compliance verified.

General methods of control applicable in these circumstances include, but are not limited to the following:

- 1. Identification of procedures where employees are potentially exposed to silica dust.
- 2. Use of an industrial dust collection system capable of removing silica contaminated dust from the work environment.
- 3. Use of portable grinders which have local exhaust ventilation that is connected to a HEPA (high efficiency particulate) filtration system to remove dust from the point of generation.
- 4. Use of a wet grinding system.
- 5. Rotate employees who perform grinding with those who do not in order to reduce employee exposure to below the permissible exposure limit.
- 6. Assessment of employee exposure after implementing engineering controls.

NOTE: In addition to abatement certification, the employer is required to submit abatement documentation for this item in accordance with 29 CFR 1903.19.

	Penalty	Calculations	l	A	djustment Fa	ctors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
H High	L Lesser	03	2500.00	60	0	0	0.0
Repeat Factor		0					

Employee Exposure	e:		
Occupation	laborer	Employer Employer	
Nr of Employees	4	Duration 2 weeks Frequency 8 hrs/day	
Employee Name			
Address		Phone ( ) -	

				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\^^~~~~~~~^^^\\\\\\\\\\\\\\\\\\\\\\\\\	inconnece de la consecue de la conse	nnnnersenbannnnnnnnssadibbahannnnnadibbahannn
1 .	titi talah dalam dalam di kacamatan dalam banda dalam da	, the second of the second part of the second					
1 1 22	stance Description		A [.] APAPA	1.7	C. Location D.	I to the second of the second	RAAAAN PAMAANIA
111	INDUCE TO EXCEED HOLD	The state of the s	A DAZALL	00000000 p. 000000 pp. 0 10 0 1 0 1 1 1 (cel k : 2000)		89 S 1 C 1 C 1 C 1 C 1 C 2 C 2 C 2 C 2 C 2 C	
	mmmroo		A A C A A A A A A A A A A A A A A A A A	~ · · · · · · · · · · · · · · · · · · ·	~ ~ ~~~~~~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~	~~~	**************************************

4. Date/T	ime		
February	12,	1999	

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

did not implement effective engineering controls to eliminate employees overexposure to silica. See citation for 1926.55(a) for detail of the circumstances.

Methods of control applicable to limit the exposure to silica dust during brick pointing include, but are not limited to the following:

- 1) Identification of procedures where employees are potentially overexposed to silica.

  did not perform exposure monitoring of employees performing brick pointing.
- 2) Use portable grinders which have local exhaust ventilation that is connected to a HEPA (high efficiency particulate) filtration system to remove dust from the point of generation.

The Bosch (model # 06601348, serial # 4570258) used by the employees did not contain local exhaust ventilation. CSHO identified a saw where a local exhaust ventilation system can be attached to a shop-vac for dust-free operation. The name of the saw is the Electric Quickie and sold by Target at 800-288-5040 (see spec in case file).

3) Use of industrial dust collection system capable of removing silica contaminated dust from the work environment.

ses a WAP International dust collector that has a 1000 watt rating, 90 in static water lift, 0.3 HEPA filter with capture bag, and the dimensions 16"x 16"x 24". The dust collector is placed on the floor of the scaffold. A technical representative from WAP stated that this dust collection system is the top of their line and is 95% efficient in collecting dust. The typical use of this system is for dust free sanding which does not take into account control of overexposure to hazardous materials such as silica. We have the performs routine cleaning in accordance with manufactures specifications. The manufacture recommends replacing the capture bag when it is full and cleaning off the filter after every use (which does not get very dirty when used in conjunction with the capture bag).

4) Use of wet grinding methods.

Mr of the state of the stated that there are saws where a wet diamond blade may be used. CSHO is awaiting specs for the saw.

5) Use of a job rotation schedule in order to limit the duration of employee exposure to silica.

stated to CSHO that the maximum amount of time employees are exposed to dust from pointing operations is 4 hours. See details for violation of 1926.55(a). Increased employee rotation may be necessary.

6) After all engineering controls are implemented, perform a second monitoring study to determine effectiveness of the controls.

Other controls that were utilized but not mentioned above include:

- use of work cloth that are changed at the office
- use of PPE that include UVEX goggles and Moldex respirator with particulate filter
- b) Equipment- Bosch grinder
- c) Location rear of building.
- d) Injury/Illness- silicosis
- e) Measurements- overexposure to silica

23. Employer Knowledge:

knew the dust/silica was dangerous because they supplied a dust collection system and respirators to employees.

24. Comments (Employer, Employee, Closing Conference):

Mr. stated to CSHO what that we will contest the citation. They and his attorney) are in the process of gathering information on industry standards. If they choose not to contest they would like 30 days to implement appropriate engineering controls.

25. Other Employer Information:

26. Classification	n:			
	Knowledge	S or O	Reneat?	Willful?
у	у_	s	n	n

First Repeat	Second Repeat	Repeat Penalty

#### ILLNESS VIOLATION PENALTY COMPUTATION

**ILLNESS DESCRIPTION: silicosis** 

0%

SEVERITY: High _x_	Medium	Low	Minimal	_	
======: PROBABILITY OF IN	= = = = = = = = = = = = = = = = = = =	=====	======	=======================================	====
Number Exp					
Frequency: (	Continuous  1 to 8 Hou ed Used No Written Written Pro	By Some En Program gram With	nployees Us Good Writte Minor Deficienci	Partial Shift Short nan 8 Hours per Week sed By All Employeesx en Program esX Partially Effective Program	-
Stress Facto	or:	<del></del>	_		
Other Factor	rs:				
FINA ======== ADJUSTMENT FAC	=====	Y ASSESSM	MENT: GREATEF	R LESSER _x_	
ADJUST MENT TAC	ions				
Good Faith: Justi	25% 15% 0% _x ification:		nad a repeat vic	plation during this inspection	on.
History:	10%				

Justification: final order dates of January 13, 1998 and November 24, 1998.

Event Code Date	Action Code	Citation Type		Final Order
Z Add transaction	A Add	S Serious	0.0	

#### U. S. Department of Land

Occupational Safety and Healt. Iministration



#### Worksheet

Fri Apr 16, 1999 3:40pm

				Inspection Number	301461018
•				Opt. Insp. Number	87
Establishment Name					······································
Type of Violation	S Serious	Citation Number	01	Item/Group	007 (c)
Number Exposed	4	No. Instances	1	REC	
Std. Alleged Vio.	1910.0134( f)	(1)			

Abatement MultiStep Abateme Period PPE Period Plan	Report Final Abatement	Action Type/Dates
30		

Substance Codes 9010 - SILICA CRYSTALLINE QUARTZ (AS QUARTZ), RESP. DUST

#### AVD/Variable Information:

29 CFR 1910.134(f)(1): The employer did not ensure that employees using a tight-fitting facepiece respirator passed an appropriate qualitative fit test or quantitative fit test.

On or about February 12, 1999

Location: rear of building,

A pointer was performing grinding of previously existing mortar between bricks on the outside of the building and west overexposed to silica above the OSHA permissible exposure limit. The pointer wore a Moldex half mask air purifying respirator with a particulate filter.

NOTE: In addition to abatement certification, the employer is required to submit abatement documentation for this item in accordance with 29 CFR 1903.19.

	Penalty	Calculations		H	Adjustment Fa	ctors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
H High	L Lesser	03	2500.00	60	0	0	0.0

Employee Exposure:			
Occupation lab	orer	Employer,	
Nr of Employees 4		Duration 2 weeks	Frequency 8 hrs/day
Employee Name			
Address		Phone	( ) -

Instance Descr				
				1easurements

4. Date/Time
February 12, 1999

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

Allstate Contracting did not perform quantitative or qualitative fit testing on an employee who was pointing and overexposed to silica above OSHA permissible exposure limits.

8 Citation Nr. 01 Item/Group 007 (c)

The pointer was wearing a Moldex half face air purifying respirator with particulate cartridge. For detail on overexposure see the citation for violation of 1926.55.

- b) Equipment- respirator
- c) Location rear of building,
- d) Injury/Illness- silicosis

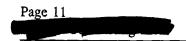
10%

0%

History:

e) Measu	rements- overexpo	sure to silica					
21. Photo Num	ber		Location on Video				
24. Comments (E Mr. attorney)	enew to ng stated they had employer, Employer state to CSH are in the process of to contest the circumstance.	a written respira ee, Closing Confe O that of determining h	erence):	test the citation.	They are and siness. If they		
26. Classification	n:						
Serious	Knowledge	S or O	Repeat?	Willful?			
у	у	S	n	n			
First	Repeat	Second	1 Repeat	Repea	t Penalty		
====== PROBABILITY OF	PTION: silicosis x Medium = = = = = = = = = = = = = = = = = =		ENALTY COMP	PUTATION  ===================================			

#### 1 to 8 Hours Per Week \_\_\_ Greater Than 8 Hours per Week Used By Some Employees \_\_\_\_ Used By All Employees \_\_\_ PPE: Not Used No Written Program \_\_\_\_ Good Written Program Written Program With Minor Deficiencies x Medical Sury :, No Program x Effective Program Partially Effective Program Stress Eactor: FINAL PROBABILITY ASSESSMENT: GREATER **ADJUSTMENT FACTORS** Good Faith: 25% 15% 0% Justification had a repeat violation.



Justification:

Was cited in the past with final order dates of January 13, 1998 and November 24, 1998.

***************************************	Z Add transaction	A Add	S Serious	0.0	Order
Event Date	Event Code	Action Code	Citation Type	Penalty Abate Date	Final

## U.S. Department of L ... Occupational Safety and Health ... dministration



#### Worksheet

Fri Apr 16, 1999 3:40pm

•				Inspection Number	r 301461018
				Opt. Insp. Number	er 87
Establishment Name					
Type of Violation	O Other	Citation Number	03	Item/Group	005
Number Exposed	4	No. Instances	1	REC	
Std. Alleged Vio.	1910.0134( e	)( 1)			

Abater	Actor Control Control	MultiS	tep Abatem	ents	Final	Action Type/Dates
Perio	bc	PPE Period	Plan	Report	Abatement	
30						

- COLO CYTYCA	CONTOURANT DIE OTTABER (AC OTTABER) DECD DITCE
Substance Codes 19010 - SILICA	CRYSTALLINE QUARTZ (AS QUARTZ), RESP. DUST
Cuosumoo cooco	

#### AVD/Variable Information:

29 CFR 1910.134(e)(1): The employer did not provide a medical evaluation to determine the employee's ability to use a respirator before the employee was fit tested or required to use the respirator in the workplace.

On or February 12, 1999

Location: rear of building

A pointer was performing grinding of previously existing mortar between bricks on the outside of the building and was overexposed to silica above the OSHA permissible exposure limit. The employee wore a Moldex half mask air purifying respirator with particulate filter. Allstate Contracting did not determine whether the employee was physically able to perform the work and use the pointing equipment while wearing the respirator.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

	Penalty	Calculations	i	F	Adjustment Fa	ctors	Proposed Adjusted
Severity	Probability	Gravity	GBP	Size	Good Faith	History	Penalty
N Minimal	L Lesser	01		60	0	0	0.0

Occupation	laborer	Employer	
Nr of Employees	4	Duration 2 weeks	requency 8 hrs/day
imployee Name			
Address		Phone (	) -

istance Description: A. Hazard B. Equipment C. Location D. Injury/Illness E.	
istance Description: A. Hazard B. Equipment C. Location D. Injury/Illness E.	

4. Date/Time
February 12, 1999

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident provided the employee performing pointing with a Moldex half-face air purifying respirator.

Page 13

fit to wear the respirator and perform the work. The pointer was overexposed to silica. For detail of overexposure see citation for violation of 1926.55. If the employee is not fit to wear the respirator he could become dizzy and faint.

<ul><li>b) E</li></ul>	quipment-	respirator
------------------------	-----------	------------

c)	Location	-	rear	of	building
----	----------	---	------	----	----------

21. Photo Nun	iber		Location on Video	)	
24. Comments (1 Mr. the proce requested	ey had a written re Employer, Employ stated to CS	espirator program.  ee, Closing Confe HO that he will confe the appropriater	erence): ontest the citation. ness of the standar.	They	state Contracting  and attorney) are in to contest they
26. Classification	on:				
Serious	Knowledge	S or O	Repeat?	Willful?	
0	у	0	n	n	
First	Repeat	Second	l Repeat	Repea	it Penalty
	ILLNESS \	/IOLATION PE	ENALTY COMF	PUTATION	
LNESS DESCR	PTION: faint				
EVERITY: High	Medium	_ Low M	inimal _x		

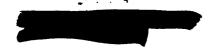
Number Exposed: 4 Frequency: Continuous ntinuous Daily x Weekly Partial Shift Short
1 to 8 Hours Per Week Greater Than 8 Hours per Week PPE: Not Used Used By Some Employees Used By All Employees x No Written Program \_\_\_\_ Good Written Program Written Program With Minor Deficiencies x Medical Surv. Ne Program x Effective Program Partially Effective Program Stresmontor: « Other Factoria FINAL PROBABILITY ASSESSMENT: GREATER **ADJUSTMENT FACTORS** Good Faith: 25% 15% 0% Justification: ing had repeat violations.

History: 10% \_\_\_\_\_\_

Justification:

with final order dates of January 13, 1998 and November 24, 1998.

Z Add transaction	A Add	O Other	0.0	
Date	Action Code	Citation Type	Penalty Abate Date	Final Order



BOSCH SKIL

TO: PED OSLA

THE SPECIFICATIONS FOR THE BOSCH 11310ENS
CHIPPING HAMMER FOLLOW...
ANY QUESTIONS? CALL



99 APR 16 All 6: 52

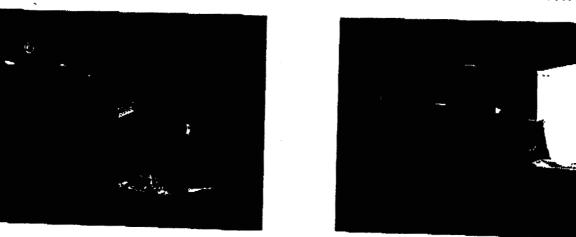
SKIL



BOSCH ⊜ SK/L



#### relicussion mammers



#### Electronic Variable Speed Demolition Hammer, Model 11310EVS



- Round hex drive system. (10" hex x "50" rounds
- . Electronic variable speed.
- . Front handle rotates 360° and pivots from to back for maximum comfort.

408-72%**\_3**904

- Electronic Feedback Circuitry for soft start and constant speed under load.
- Service reminder light indicates need for service 8 hours in advance of automatic tool shutdown.
- . Push to strike design.
- Electro pneumatic impact system maximizes impact force yet minimizes vibration.
- Padded, shock absorbing handles improve grip.
   Large on/off slide switch can be operated with a gloved hand—tool operates without squeezing a trigger.

## Electronic Variable Speed Demolition Hammer, Model 11305

The long life champion of demolition hammers. Ruggedly built for efficient, dependable chipping, chiseling, digging, comping, and ground rod driving.

Grease packed gear box and hammer mechanism eliminate an ertainty of job site lubrication.

Service Minder brush system shuts hammer off when brush coplacement and re-greasing are necessary.

Air cushion impact system isolates hammering load from drive components.

Autoproof, cam action tool retainer maintains grip Corneg operation.

Available in 220/230V, model 9 644-305 903,

Double Insulated, UL Listed, complies to OSDA.

Page may be illegible best available copy.

人

Model Number

11310EVS

11305

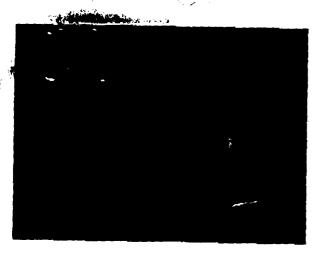
1.77

Specification

This is the

معسلان الدرك المساح





#### **Electronic Variable Speed** Demolition Hammer, Model 11310EVS



- · Round hex drive system. (%" hex x 21/22" round shank)
- . Electronic variable speed.
- . Front handle rotates 360° and pivots front -to-back for maximum comfort.
- . Electronic Feedback Circuitry for soft start and constant speed under load.
- . Service reminder light indicates need for service 8 hours in advance of automatic tool shutdown.
- . Push-to-strike design.
- Electro-pneumatic impact system maximizes impact force yet minimizes vibration.
- . Padded, shock absorbing handles improve grip.
- . Large on/off slide switch can be operated with a gloved hand-tool operates without squeezing a trigger.

### Percussion Hammers



#### **Electronic Variable Speed Demolition** Hammer, Model 11305

- · The long-life champion of demolition hammers. Ruggedly built for efficient, dependable chipping, chiseling, digging, tamping, and ground rod driving.
- Grease-packed gear box and hammer mechanism eliminate uncertainty of job site lubrication.
- · Service-Minder brush system shuts hammer off when brush replacement and re-greazing are necessary.
- · Air-cushion impact system isolates hammering load from drive components.
- · Shakeproof, cam-action tool retainer maintains grip during operation.
- Available in 220/230V, model 0 511 305 003.
- · Double Insulated, UL Listed, complies to OSHA.



Model Number	11310EVS	11305
Rating	115/120V AC	115/120V AC/DC
Amperage		
No Load BPM		
Tool Holder		
Steel		
Length (in.)		
Weight (lbs.)		
Standard Equipment		
360° Auxiliary Handle	2 502 025 063,	1 612 025 027
Dust Shield		
Hex Wrench		
Metal Case		

<sup>\*</sup> Electronic Feedback Circuitry maintains BPM — even under load. For a complete selection of accessories, see pages 46-47.

# THE TURBOII DUST-FREE VACUUM

Wet / Dry Vacuum with Outlet for Electric Power Tools. Features Automatic On / Off Triggered by Connected Power Tool.

\* LIGHTER WEIGHT

\* AUTO ON/OFF

\*BY-PASS COOLED MOTOR

\* 5.0 MICRON FILTRATION

**PORTABLE** 

\* QUIET

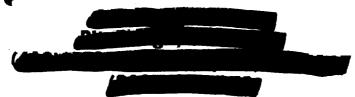
"The the same as the Mercedes of the group. It was far and away the quietest machine I looked at, quieter than many household vacuum cleaners. The superior engineering resulted in utterly smooth operation of everything from its casters to its switches" Fine Homebuilding

Millian white the state of the

0

ATTN:

Power Tools Inc.







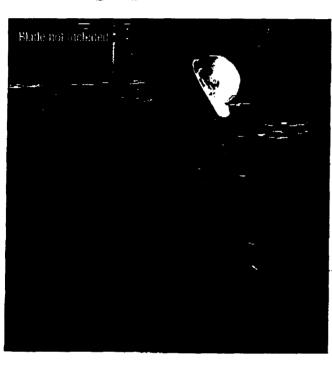
## Unital High Speed Saws

## Electric Quickie® Super



1 Date 4 - /4   # of
23 From
Co. D B /
T Phone #
Fax #

**Electric High Speed Cut-Off Saw** 



#### **Adjustable Heavy-Duty Blade Guard**

- · Provides quick operator adjustment for varying depth of cut.
- · Standard cutting guide for straight cuts.

#### Recessed, Finger-Operated Spindle Lock

 Makes blade changing easier and faster without needing a spindle wrench.

#### Reversible Handle

· Allows upout and downout sawing.

#### **Upcut Blade Rotation**

- · Carries sparks, dust and debris away from the operator.
- Is convertible to downcut sawing.

#### **Automatic Disconnect**

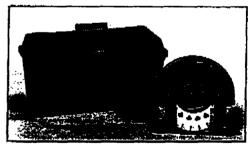
 Worn brushes automatically disconnect, preventing motor damage.

#### Double Insulation System for Increased Safety

· UL listed and OSHA compliant.

#### High Power-to-Weight Ratio

Model Number Item Number w/kit Item Number without kit	12/1364 Q00029 Q00034	14/1385 000030 000035
STANDARD SAW FEATURES: Blade Capacity - in. (mm) Max. Depth of Cut - in. (mm)	12 (305) 3-7/8 (98)	14 (356) 4-7/8 (124)
POWER SOURCE:		1 (1995)
Motor Specifications	Double Insulated	
Amperage	15	
Maximum Uneconomor	A 7	4.7
Rating	115V AC/DC	115V AC/DO
Spindle Thread	5/8" - 11"	5/8" - 11"
Watte	2,200	2.200724
Biade Shaft RPM, no load	5,000	4.300
Weight 210 (Kg)	24 (11)	27(19)
Length - in. (mm)	25 (11)	25 (11)
Height (n. (oran)		12 (5) (5)
Width - in. (com)	10 (5)	10 (5)
Crated Welling with Kit -lb. (Kg)	48 (22)	<b>35(1/28)</b>
Crate annewslood With Kit - in. (n	nm) L25 W15-1/2 H10-	1/2 (635 x 394 x 267)



Electric Quickie kit includes saw and case, along with 20mm nut, wrench, safety goggles, ear plugs and dust mask. Blade not included.



Optional blade guard with dust port can be attached to a shop-vac for dust-free operation (12" only.)

Accessories	ltem No.
121 Blade Guard W/dust porter	
7/8" Arbor Nut	070572
Replacement 20mm Nytica	
Replacement 22mm Wrench	070676

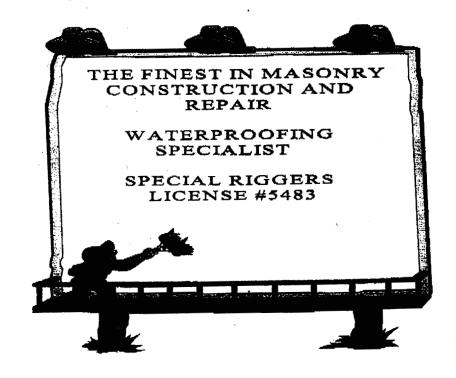


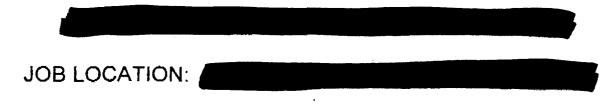
#### **CONTRACTORS & ENGINEERS**

(718) 881-5917 • (914) 423-7225 FAX (718) 881-5929

DATE:	April 16 <sup>th</sup> , 1999
TO:	
	OSHA
FROM:	
TOTAL NUI	MBER OF PAGES: Five - 5
(INCLUDING	· · · · · · · · · · · · · · · · · · ·
SUBJECT:	Here is the information that you requested.
	•

#### PLEASE NOTIFY THIS OFFICE IF ALL PAGES ARE NOT RECEIVED.



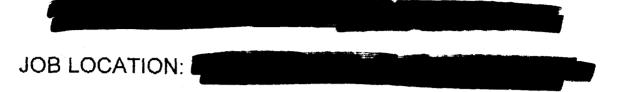


## RESPIRATORY PROTECTION PROGRAM (29 CFR 1926.103)

If it is determined that the use of respiratory protection is required on this job site the superintendent should immediately notify the project manager. The project manager will seek the professional assistance to determine the exact type required for the job conditions.

The following are highlights of OSHA'S Requirements For A Minimal Respirator Program:

- 1. Written standard operating procedures (SOP) governing the selection and use of respirators must be established.
- 2. Respirators must be selected on the basis of hazards to which the worker is exposed.
- 3. The employee must be instructed and trained in the proper use of respirators and their limitations.
- 4. Where practicable, the respirator must be assigned to individual workers for their exclusive use.
- 5. Respirators must be regularly cleaned and disinfected. Those used by more than one worker must be thoroughly cleaned and disinfected after each use.
- 6. Respirators must be stored in a convenient, clean and sanitary location.

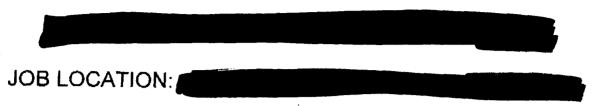


# RESPIRATORY PROTECTION PROGRAM (29 CFR 1926.103)

- 7. Respirators used routinely must be inspected during cleaning. Worn or deteriorated parts must be replaced. Respirators for emergency use, such as self-contained breathing devices, must be thoroughly inspected at least once a month and after each use.
- 8. Appropriate surveillance of work area conditions and degrees of employee exposure or stress must be maintained.
- 9. There must be regular inspections and evaluations to determine the continued effectiveness of the program.
- 10. Persons must not be assigned to tasks requiring use of respirators unless it has been determined that they are physically able to perform the work and use the equipment.
- 11. Approved or accepted respirators must be used when they are available.

#### Respirators:

- 1. Users can identify the three types of respirators as follows:
  - A. Dust, Mist (DM) respirators are labeled as "permissible respirators for dust and mists or approved for respiratory protection against dust and mists having a time-weighted average not less than 0.05 milligram per cubic meter or 2 million particles per cubic foot."

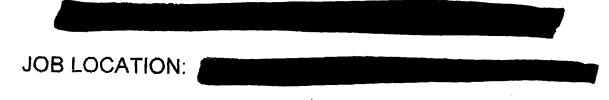


#### RESPIRATORY PROTECTION PROGRAM (29 CFR 1926.103)

- B. Dust, Fume and Mist (DFM) respirators are labeled as "permissible respirator for dust, fumes, and mists or approved for respiratory protection against dusts, fumes and mists having a time- weighted average not less than 0.05 milligrams per cubic meter or 2 million particles per cubic foot."
- C. High efficiency respirators (sometimes called HEPA respirators) are labeled as "permissible respirators for dusts, fumes, mists and radionuclides or approved for respiratory protection against dusts, fumes and mists having a time-weighted average less than 0.05 milligram per cubic meter or 2 million particles per cubic foot and radionuclides." The filter (or in a disposable respirator, the exhalation valve) in a HEPA respirator is usually color coded magenta (reddish-purple).

## 2. Users can identify three types of filters with three efficiencies as follows:

- A. Respirators with N100, N99 and N95 filters (99.9%, 99% and 95% efficient filters) may be used for any solid or non-oil containing particulate contaminant.
- B. Respirators with R100, R99 and R95 filters (99.97%, 99% and 95% efficient filters) may be used for any particulate contaminant. If used for an oil-containing particulate, a one shift use limit applies.



# RESPIRATORY PROTECTION PROGRAM (29 CFR 1926.103)

C. Respirators with P100, P99 and P95 filters (99.97%, 99% and 95% efficient filters) may be use for any particulate contaminent.

Allstate Restoration Corporation will supply the necessary respiratory protection to protect employees from potential respiratory hazards.

Superintendents/Supervisors will contact the Project Manager to request guidance in the selection and use of respiratory protection.

RECEIVED CONTRACT

99 APR 15 PH 2: 19

U.S. ETHT. IF LABUR O.S.H.A., REGION II

		I All I amo	A 100 C 100				
	- anad	C836 File F		desiations	Calle Page C	4.1	
		P)	f. Supr. Ok	- william	1726	15.6	Purity Mill 1 1
		Deseiduo	d. Anal. C e. Calc. Cl	# 20 CE	1		
		Jana V	c Recd b		MINIX	- ON 5	S. Vollage Checker
Control of the second second second	The second secon	dal n	i Pecd i		syling:	0	7
Date	N A	TICACE?	Siees .s A	bay of S	123	- 1	Maria Modern
42.2	slatini	<b>Custody</b>	O niedo Pe		Silurio	<b>B</b>	1/2
	1 1 2 18	生物	CH COL	14 2/2	selames gnimodqu	33 2	Comments to Lab.
_				Control of the Control	12 110 200		Nelences and
				20/30	11		
				1			
				3 00 20			11
the second second	The second second second						30 1991
C 6 5	1 5 % X .	<del></del>	enoitalu	A, Ceiling, etc. Calc	WT ni ebuloni of seldr		7.12
	The same of	77		111		1. Indicate Which San	nalyze Samples for: 3
A CONTRACTOR	<b>5</b>			F Marie Course	-4/4	A N	
		1	- A-24	-	E9h	E TREE DAY WAR	Meight eldmes sei
				1	-6/15	619	(see u
		1			37	1	emilo
				<del> </del>	10/	137	Inmin   comin
		1	• •	<del>                                    </del>	486	1 7 3	HICHRA WOL
				<del> </del>		BAG	(รอากบุเบ เม)
				1:	325	C/ = 1	emi istoi
						15-12	i din
					2511	188	TOPE STATE OF
					-		NOVIO emiT
		+			EL 7-3	-516=7	
		1	-		20200		edulfvetiji Number
T		+				5/11/6/02	· · · · · · · · · · · · · · · · · · ·
			1				Sample Media
1					d	d	
		1	15%	<b>s</b>	750	,C1 0	Agyl elgmes .2
						1530	Notesimon adminy
							noissimdus signiss .I.
				Sampling Data			20. Lab Sample Number
					• · · ·	0.5301	
Con			7/22=		•		19. Pump Number:
Cont	21/1	~~	ンハクマイ	41001	10000		
Com	21/16		<i>-</i>	•			
Com	المرائد	11 W.	5 4	2500/	0	0501 %	28/-17
Conf	امر الدد	רו ויי	5 7	200	BN1511 -	DILL CE	6/-1/
Conf	10 / Nec.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5 y	2509	BN15/1 -	82119	Di a
Conf	10 / Jel	עו ניי	5 y	skoth	s), Ventiliation, and Con	82119	Di a
	) o l		5 y	skorti		Ration, Work Location(	18. Job Description, Ope
	A bries and A		5 7	sions some		ration, Work Location(	18. Job Description, Ope
	mp Checks and Ad		5 7	skan		Region, Work Location(	18. Job Description, Ope
	mp Checks and A					Region, Work Location(	18. Job Description, Ope
sinemisult		IN9 .51		12. Occupation throls		Region, Work Location(	13, PPE (Type and Effer 18, Job Description, Operating 18, John 19, John
stnemtsult		IN9 .51				Slad) Work Location(	13, PPE (Type and Effer 18, Job Description, Operating 18, John 19, John
stnemisult	Seather Conditions	W .21				Slad) Work Location(	13. PPE (Type and Effection, Operation, Oper
squeupsnip let photo(s)	Jeanner Conditions	C Fre				Slad) Work Location(	13. PPE (Type and Effection, Operation, Oper
Strements  Strements  Strements	Monther Conditions	m. 21 W. W.				Slad) Work Location(	13. PPE (Type and Effection, Operation, Oper
Justments  Justments  Justments	Agenther Conditions	m. 21 W. W.			57/	Soness)  ration, Work Location(	11. Job Title 13. PPE (Type and Effert 13. Job Description, Operators)
Instments  16. Photo(s)	Appenditions at N Seather Conditions	14. E	epoo(		57/	Soness)  ration, Work Location(	11. Job Title 13. PPE (Type and Effert 13. Job Description, Operators)
Justments  16. Photo(s)	Appenditions at N Seather Conditions	14. E	epoo(		(redimu	Address, Telephone N. S.	11. Job Title 13. PPE (Type and Effection) Operation, Operation, Operation) Operation, O
Instments  16. Photo(s)  16. Photo(s)  16. Photo(s)	State Conditions  Appendix App	14. E	epoo(		(redimu	Address, Telephone N. S.	11. Job Title 13. PPE (Type and Effection) Operation, Operation, Operation) Operation, O
6. Shipping Date (1) (2) (3) (4) (5) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Sampling Date  Alame  Alame  Alamation  Alam	8, Print Las 14, E ir C. Fre 15, W	epoo(	12. Occupation	umber)	Address, Telephone N. S.	11. Job Title 13. PPE (Type and Effert 13. Job Description, Operators)
Instments  16. Photo(s)  16. Photo(s)	Sampling Date  Alame  Alame  Alamation  Alam	8, Print Las 14, E ir C. Fre 15, W	epoo(	12. Occupation	umber)	Sampling (Signature) Address Telephone M Xiveness) Aiveness) Aiveness) Aiveness) Aiveness) Aiveness) Aiveness) Aiveness)	7. Person Performing 10. Ensolovee (Name, 11. Job Title 13. PPE (Type and Effert) 13. PPE (Type and Effert) 14. Job Description, Ope
6. Shipping Date (1) (2) (3) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Sampling Date Sampling Date Squency Sq	3. S.	epoo(	12. Occupation	umber)	Sampling (Signature) Address Telephone M Xiveness) Aiveness) Aiveness) Aiveness) Aiveness) Aiveness) Aiveness) Aiveness)	A. Establishment Nan 7. Person Pertorming 10. Ensolovee (Name, 11. Job Title 13. PPE (Type and Effer 14. Job Description, Ope
lumber b. Duratio	Administration Sampling Date S	3.5 % Print Less 14. E	epoo(	I. Occupation	(redimu	Sampling (Signature) Address Telephone N  Xiveness)  Xiveness)  Xiveness)  Xiveness)  Xiveness)	7. Person Performing 10. Ensolovee (Name, 11. Job Title 13. PPE (Type and Effert) 13. PPE (Type and Effert) 14. Job Description, Ope



Date. Air Sampling Report U.S. Department of Labor MOD Occupational Safety and Health Admin. 1. Reporting ID: 216000 2. Inspection No: 301461018 3. Sampling Number: 912741238 4. Establishment Name: 5. CSHO ID: 09506 6. Sampling Date: 02/12/1999 7. Shipping Date: 02/18/1999 8. Date Results Received: 9. Job Title: LABORER 11. Number Exposed: 12. Frequency of Exposure: Exposure Summary \_ 13. 14. 15. 16. 17. 18. 19 20 21. 22. 23. Citation Information Sub. Reo Smp1 Exp Exposure Units PEL Ad i Severity FTA Over Eng. PPE Trng. Med.Other Code std Туре Туре Level Exp. A В C В C A D F Ε G 24. Additives (Enter Line No. for those agents contributing to additive effect): 25. Total Number of Lines (13): Analysis Results 26. Analyst's Comments (Including Analytical Method) ID-142 27. CHAIN OF CUSTODY INIT DATE a. Seals Intact? γ b. Recd in Lab 03/01/1999 c. Recd by Anal. 03/23/1999 d. Anal. Completed 04/02/1999 e. Calc. Checked 04/05/1999 f. Supr OK 04/06/1999 V44288: Time and volume changed to reflect Time On/Off on FM91A. Corrected time - 224 minutes, volume = 403.2 L. V44289: Time and volume changed to reflect Time On/Off on FM91A. Corrected time - 177 minutes, volume - 318.6 L. 28.Sample Submission No F479 V 44288 AIR V 44289 A1R V 44290 ABLNK

29. Lab Sample No. Time / type 224.Min/ P 177. 0.0 30. Analyte Name 31. Analysis Results / 32. Sample Included in Calculations of: Silica, Crystalline Quartz (as Qua 24.0000 % 18.0000 % 0.000000 T Ţ τ BLNK Sampling Number: 912741238 · File Page

TWA calculated on actual time sampled. The I.H. is free to make changes on the Form 918 and submit them directly to IMIS.

#### UNITS of MEASURE are:

P = Parts per million M = Milligrams per cubic meter L = Milligrams per liter (urine)

F = Fibers per cubic centimeter % = Percent D = Micrograms per deciliter (blood)

X = MicrogramsY = Milligrams C = Pico curies per liter ( Radon gas)

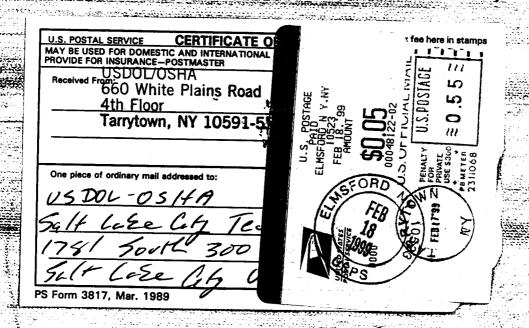
Analyte codes are chosen by the laboratory. The I.H. should review them for applicability. if there are any questions call the laboratory for appropriate analyte codes (ie. 1CP uses fume analyte codes when the IH may have sampled for dust).

The Sampling and Analytical Error (SAE) is the current value for the specific chemical(s) and should be used for further calculations:

Silica, Crystalline Quartz (as 0.20 н

1. Reporting ID 2/6	OND	2. Inspection Num	nber		3. Sampling		
4. Establishment Name		3019	16/018		Number	912	27412
					5. Sampling Date 2/12/9	e 6	Shipping Da
7. Person Performing San	mpling (Signature)		100	8. Pri	nt Lest Name	-	9 CSHO ID
10. Employee Add	ress, Telephone Num	bod			14. Exposure	a. Numb	2957
					Information	4	b. Durati
			•	•	c. Frequency	8401	dx
				, , ,	15. Weather Con	ditions	16. Photo(s)
11. Job Title /456	orer:		12. Occupation Co	xde			Y
13. PPE (Type and Effective	/eness)				17 Dump Charles		
UVEX	Cogles				17. Pump Checks	and Adjus	tments
<u> </u>	, U			.			
18. Job Description, Opera	tion, Work Location(s)	, Ventilation, and Con	trols				
1emovins	Caulkin	40	111 /	.//	72 /		
Mek, ta			Window 51	.//	Bosch C	<u>مرح: به</u>	er 7
1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>					·	<del></del>
19. Pump Number:	0138	e de la companya de	Complian Data			•	T. C
20. Lab Sample Number		1.	Sampling Data		· · · · · · · · · · · · · · · · · · ·		
21. Sample Submission			434				
Number	691	692	523				
22. Sample Type	P	P	2.2				· · ·
23. Sample Media			5.32				
24. Filter/Tube	5 MICHOL	5 Micro			£	The second second	
Number	E471	G285		Transit She	, in the second		ý <b>7</b>
25. Time On/Off	830	1245			1 100		-11
3 Table 1	, J. J	ノヘフラ歌			1 5	***	4,4,4
	10 18.	2000	(2) <b>2</b> (4) (4)				e promiser
26. Total Time as a	1245	340,3		No.	3000	C.B.	
26. Total Time	1245	340.		P			
26. Total Time (Fig. 1) (in minutes) (7. Flow/Rate)	1245	340 T		Med.			
26. Total Time (in minutes)  27. Flow Bate  2 / Vmin	1245	340 = Z <u>Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z </u>		W. C.			
26. Fotal Time (in minutes)  27. Flow/Rate (in fitters)  28. Volume (in fitters)  3. Net Sample Weight	1245	Z53= 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7		We C			
26. Total Time (in minutes)  27. Flow Rate  2 / Umin	345	Z <u>Z                                  </u>		M. L.			
26. Total Time (in minutes)  27. Flow Rate  2 / Umin	345	Z <u>Z                                  </u>	A CONTRACTOR	M. L.			
26. Total Time (in minutes)  27. Flow Rate  2 / Umin	345	Z53= 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7	A CONTRACTOR	M. L.			
26. Total Time (in minutes)  27. Flow/Pate 28. Volume (in titers) 29. Net Sample Weight (in mg) 20. Analyze Samples for:	345	Z <u>Z                                  </u>	A CONTRACTOR	culations			
26. Total Time (in minutes)  27. Flow/Pate 28. Volume (in titers) 29. Net Sample Weight (in mg) 20. Analyze Samples for:	3 4 5 1.7 5 8 7 31. Indicate Which S	Z <u>Z                                  </u>	A CONTRACTOR	culations			
26. Total Time (in minutes)  77. Flow Patte  2	3 4 5 1.7 5 8 7 31. Indicate Which S	Z <u>Z                                  </u>	A CONTRACTOR	cutations			
26. Total Time (in minutes)  77. Flow Patte  2	3 € 5 / 7 5 8 2 31. Indicate Which S	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	TWAy Colling, etc. Cal	culations			
26. Total Time (in minutes)  27. Flow/Pate 28. Volume (in titers) 29. Net Sample Weight (in mg) 20. Analyze Samples for:	3 € 5 / 7 5 8 2 31. Indicate Which S	ZZS	TWAy Colling, etc. Cal	cutations  24 Dian (  24 Seals	of Custody.		N Date of the latest and the latest
26. Total Time (in minutes)  77. Flow Patte  2	3 € 5 / 7 5 8 2 31. Indicate Which S	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	TWAy Colling, etc. Cal	cutations  2 July 1 July 2 Jul	of Custody Injuracio		Dance
26. Total Time (in minutes)  77. Flow Patte  2	3 € 5 / 7 5 8 2 31. Indicate Which S	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	TWAy Colling, etc. Cal	cutations  24 Dian (  24 Seals	of Custody. Initial Intect? You had by Anal.		

35. Pump Mfg. & SN		38. Flow Rate Calcula	tions	1	-		- 25
36. Voltage Checked?	49265	17270	a/min	St FLOW	AVERAGE	SAMPLES 01	1.4
Yes 🔲	No	- 1727 C	DOCC :	0 1726 1727	1726 1727	82	/ / .
37. Location/T & Alt.	p 9	* -697		1728	. 1727	83	
Comments to Leb	a. Si	39. Flow Rate	40. Method	Scals intact?	410	42. Date/	Ime .
Ministrate of the state	ar anhi	no libratula de la lacalita de lacalita de lacalita de la lacalita de lacalita de lacalita de la lacalita de la lacalita de la lacalita de	Búbbl€	PR		2/17	4,200
43. Location/T & Alt.	- G	- 44. Flow Rate Calcula	- 4	. 69 - 12	<del></del>	4	
11.		1772 a	2/mm	FLOW 1765	AVERAGE 1765	# SAMPLES	101
office		4/1/100	oce =	1778	1772	01 02	
harden om states for 19 10	were these company	en an ana an capat come.	A	1773	1772	63 -	
45. Flow Rate		48. Initials		47. Dat	e/Time	1200	
					7 7 - 77 - 77		
Filten No.	51 0	200		******			
Final Weight		2					
Initial Weight	35 73	2-					
(mg)=		70					
Gained (mg)		The same					
. Blank Adjustment							
Net Sample Weight (mg)		7.2					
Calculations and Notes:	····	· · · · · · · · ·			<del>-</del>		
El P.L.	E471	· E28	5				
low Rate	1.7	1.7	_	· · · · · · · · · · · · · · · · · · ·			
1/ne	225	1/2					
101-	382.5	297.5					
Quart 2	/3/	.058		-			
SAE	19	43 -19					
DAE		-//					
	15-1	058 = 13	0 <b>4</b>				
rypie co-c-		99					
·	10 K 7 1 1 K						
UA = ,204 x	(225+175)	2.55					
7	480						
	. : : : : : : : : : : : : : : : : : : :						
quartz = . 151	× 10%	+ .058	× 43%	= 7.2	22 + 11.	9 = 19.	/3
//	+,058	.151 +	1058				
	7. 7						
EL = 10 :	47		Severity	= 70	JRJ =	.47	- 5
19.13+2 -			·	PE		147	5, 5
,							
\$v	2. Hecco	sub-use is				ن به ۱ سر <i>ت</i>	3 3
•	e Mir						, Š



Analyte codes are chosen by the laboratory. Find I H. should review them for applicability. If there are any questions  $0.4 \pm 0.0 \pm 0.8 = 0.5 \pm 2.8 \text{AM}$  Fig.

TWA calculated on actual time sampled. The I.H. is free to make changes on the Form 91B and submit them directly to IMIS.

UNITS of MEASURE are:

P - Parts per million

M - Milligrams per cubic meter L - Milligrams per liter (urine)

F = Fibers per cubic centimeter

% = Percent

D = Micrograms per deciliter (blood)

C = Pico curies per liter ( Radon gas)

X = Micrograms

Y = Milligrams

Analyte codes are chosen by the laboratory. The I.H. should review them for applicability. if there are any questions call the laboratory for appropriate analyte codes (ie. ICP uses fume analyte codes when the IH may have sampled for dust).

The Sampling and Analytical Error (SAE) is the current value for the specific chemical(s) and calculations:

should be used for further

Silica, Crystalline Quartz (as

E = Eigens car chair callifeach . . . - Geneaur D = Micrograms cer deciliter (blood) ្ 🗕 ស្**មប់1**3 បទស ជាព្រះវិទីរ 🕟 | d = β; ((grees per pucie meter | E = Willigrams per liter (urine) HITTS OF WEASURE SHOTE HMA calculated on actual term record. The Like is free to make changes on the form 918 and showit them directly to IMIS. 98HA-91B (Rev. 1784) Sanolity, Bumbert 3/2741220 Sase File Page :010 \_ Silica. Crystalline Chartz (as Qua - 10.0000 % -43.0000 % 10. Ana 1712 Name the statests Basella / 32 Sample the behaved to Galoulations att. ...... 1166 t 1725 55918433355 110. d9. Eap Samble Hr / 44285 AIR - Prodes でき 長橋(ダケー)potable in in

and the state of the state of

Analyte codes are chosen by the lacoratory. The I.H. should review them for applicability. If there are any questions of call the laboratory for appropriate analyte codes (ie. ICP uses fune analyte codes when the IH may have sampled for dusting

. C = Pico curies per liter ( Radon gas)...

مالية بالأراث

Page may be illegible -

best available copy.

.1 3709 17 751

in gasta micasags Il il onn e noa iba

Ine Sampling and Analytical Error (SAE is the current value for the specific chemical(s) and

: - Willigrams

Cillice, Orystallier diame in 0.20

calculations:

x = Microduses

00 00 SHVM

should be used for further

Art Grading A

#15 00 1 100d

1.6.5

1. Reporting ID				U.S. Depar Occupational Safe	tment	of Labor		
-	21600	2. Inspect	ion Number		, and ()	Administ	ration	
4. Establishment	1	30	2/46/0	10	3	Sampling A		
7. Person Port				, , , , , , , , , , , , , , , , , , ,		Manuber	912	7412:
	ng Sampling Signat	ure)			5.	Sampling Da	te 6. S	Shipping Data
10. Employee (Nam	e, Address Talanta	To November 1				ast Name	9	Shipping Date 2//S//
-		wulliper)					9.	CSHO ID 7950
			<b></b>		14	Exposure Information	a. Number	b. Duration
	w. —	2			al	Frequency	14	200
11. Job Title						1	Shr/d	4
_ /	Sorer				15.	Weather Conc		Photo(s)
13. PPE (Type and E	flectiveness)		12. Occup	oation Code	$\dashv$			Υ
/	1015~	<i>^</i> .						
	1VEX	5098/es			17. F	oump Checks	and Adjustme	nts
18. Job Description O	Decation 146							
18. Job Description, O		tion(s), Ventilation, and	d Controls					
removi.	es con	lking						
+ Mal	-40	ING	Froz 6	undou	. //			
The state of the s	6/	ouer			3111	BO.	sch	Ch.
19. Pump Number:	1					-		P
20. Lab Sample Number	10136		Ca					10
			Sampling Data	1				Cont'd
21. Sample Submission						T		
TAUTIDEL	693	694	2					
22. Şample Type	A	1017						
23. Sample Media	+	P						
	SAICIO							
24. Filter/Tube Number	E366					·		
5. Time On/Off	2 366	6385						
1.0	832		+					
p of piβer.		1246						
Total Time	1216	343		<del></del>				
- (in minutes)	344		+			·		
Flow Rate	3 7 7	257	1					
Volume cc/min	1.8	1.8	<b>†</b>					
(in liters)	110	77.0						
Net Sample Maint	6/7 7	463	ti ti ti ti					
8/	densi Santa	-	**************************************	TANKS LINE MANY	r <del>a y</del> reg		7. 24	
Analyze Samples for:	31. Indicate Which of	Somelea		Age Com	- 4	1		
Silica	- Ville S	amples to include in	TWA, Ceiling, etc.	Calculations		1.21	1.00	order ekoligis. K
d (~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5			T	<del></del>		., .	
11	·	200	11. 200 -	<del> </del>				
			-					
	£ 11 . 12 . 12 .		-				<del></del>	
terferences and Comments to Lab	33	Supporting Samples			53H -	P	<del></del>	
		a. Blanks:	The state of the s	34. Chain of	Custody	Initials .	1- 160	
31. Location 1 3 AM	1		79	Region & Seals in	itact?	34	Date T	State State
1 200	1,40	b. Bulks:	97	b. Rec'd in	Lab	47.7 V		''
& Venace Shecken	-	71.6	/	c. Rec'd by d. Anal. Co	Anal.			
tool		113	25075	e. Calc. Ch	ecked BCKed	-		
P' ( ₹1110 ) ( <b>342 \</b>								
E. P. Inc. 130, d. SN		38. 0. 6. 6. 6.		f. Supr. OK	d			

36. Voltage Checked?	49265		17	w Rate Calculation	m	PICE OF FLOW		9 SAMPLES	
Yes 37. Location/T & Alt	1.	b. Bull	7 ~	1/12000	Q	Cats Ci1741 Ci1748 Ency Di 1736	1741 1741 1739	92 / 93	01
Comments and	lcr	a. Blar	39. Flò	W. Ratte	40. Methed Bubble	. 590 .000	41. Initials	42. Date/Time	9
43. Location/T & Alt.				N Rate Calculation 35 Cefn 1// Strocc		1846 1831	verage <b>9</b> SA 1846 1839 1832	MPLES / O 81- 82 83	13
15. Flow Rate	<b>3</b> /1		48. Initi	als //	<i>H</i> 1	1844	1835	.04	
100		- 4		8 Spar	/ γα	2,	Ime /99	1200	
NA NA		100			_				
nal Weight	3 1 1	1							
ial Wagnt	2 747	3 4	· •						
sight ined (mg)			(3						
ank Adjustment  It Sample	***								
eight (mg)			···						<del></del>
			<u>,</u> ১	£385 1.8					
me Rate	1.8		•.	257		····-			· -· · · ·
5/	61			463					
		· · · · · ·					<del></del>	<u></u>	
Avate AE	-								-,
			*,			•			• ,
						· · · · · · · · · · · · · · · · · · ·			
~									
· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·	
				• •					
111	7	7.4							
			-			· · · · · · · · · · · · · · · · · · ·	,	· · · · · · · · · · · · · · · · · · ·	
<b>******</b>									
									•
		ميد المحادي	_		•			γ-1 ,α γ «; <b>4</b> )	<u> </u>
						~**N			

and the second

the state of the state of the

M = Milligrams per cubic meter L = Milligrams per liter (urine)

D - Micrograms per deciliter (blood)

C = Pico curies per liter ( Radon gas)

P = Parts per million

X = Micrograms

f = Fibers per cubic centimeter % = Percent

Y = Milligrams

L.

Air Sampling Report U.S. Department of Labor Occupational Safety and Health Admin. MOD 1. Reporting-ID: 216000 2. Inspection No: 301461018 3. Sampling Number: 912741212 4. Establishment Name: 5. CSHO ID: 09506 6. Sampling Date: 02/12/1999 7. Shipping Date: 02/18/1999 8. Date Results Received: 9. Job Title: LABORER 11. Number Exposed: 12. Frequency of Exposure: Exposure Summary 14. 15. 22. 23. Citation Information 16. 17. 18. 19. FTA Over Eng. PPE Trug. Med.Other Line Sub. Req Simpl Exu Exposure Unites PEL Au j Severity Code std Type Type Level Cit. Exa. No. D Α C G Н A C н 24. Additives (Enter Line No. for those agents contributing to additive effect): 25. Total Number of Lines (13): Analysis Results 26. Analyst's Comments (including Analytical Method) | IU-142 2/. CHAIN OF CUSTOUY INTI DAIL The Det. Lim for 9010 Air samples is 10 micrograms. a. Seals Intact? b. Recd in Lab E'n 03/01/1999 c. Recd by Anal. 03/23/1999 d. Anal. Completed 1 04/02/1999 e. Calc. Checked 1 04/05/1999 f. Supr OK 04/06/1999 √44286: Time and volume changed to reflect Time On/Off on FM91A. Corrected time - 224 minutes, volume = 403.2 L. V44287; Time and volume changed to reflect Time On/Off on FW91A. Corrected time - 177 minutes. volume = 318.6 L. E385 28. Tar . + Suprissio - 110 E366 25. Lac Sample No. V 44286 AIR √ 44287 AIR Time / Type 177. 224.Min/ P 31. Analysis Results / 32. Sample Included in Calculations of: 30. Analyte Name 0010 Silica, Crystalline Quartz (as Qua 0.000000 0.000000 T ND NO Case File Page /of OSHA-918 (Rev. 1/84) Sampling Number: 912741212 TWA calculated on actual time sampled. The I.H. is free to make changes on the Form 91B and submit them directly to IMIS. Units of MEASURE are: M = Milligrams per cubic meter L = Milligrams per liter (urine) P = Parts per million D = Micrograms per deciliter (blood) F = Fipers per cubic centimeter % = Percent C = Pico curies per liter ( Radon gas) Y = Milligrams X = Micrograms Analyte codes are chosen by the laboratory. The I.H. should review them for applicability. if there are any questions call the laboratory for appropriate analyte codes (ie. ICP uses fume analyte codes when the III may have sampled for dust). The Sampling and Analytical Error (SAE) is the current value for the specific chemical(s) and should be used for further calculation: Silica, Crystalline Quartz (as 0.20

and the second s

----

04-07-99 05:28AM

Has this con	dition b	een b	rought to	the attention	on of:	Emplo	ver							
Please Indica	te Your	Des	re:				T revea	lmv	name	to the	Empl	over		
The Undersit Occupational is a job safet named on thi	Safety y or hea	or H	ealth stand	ard exists	which	D. Other								
Complainant	Name										П	'elepl	ione	
Address(Stree	et,City,S	State,2	Zip)											
Signature											E	ate		
If you are an that you repre	authori	zed re	presentati ir title:	ve of emp	loy <b>ee</b> s a	iffected l	by this co	ompla	iint, ple	ase st	ate the	name	e of the o	rganization
Organization			-H		You	r Title:			-					
OFFICIAL US														
Identification				6000		ous Acti		0			Opt. Num	ber	8813	
Establishment N □Yes □No			ent Name No				Address Change? E es □No			ID			City Cod	e County Code
Receipt	Receiv	ved B	v		Send OSHA-7? Date: 01/2					<i>E 1</i> 00		North Control	4120	119
Information		· ca B	,		1	es $\square$ N	•	Time		3/99	AM	Su		Assigned 6803
ndustry & Ownership	Prima	y SI	1522	Own	ership	A. Priva	ite Secto	r			PM			
Complaint	Evalua				1,000 1,000	<del></del>	Subject/	Sever	ity					· · · · · · · · · · · · · · · · · · ·
Evaluation	Is this	a Va	lid Compl	aint? Y	es									
			Non Fo				Health	-Seri	ous					
Send Letter		nt Far	mworker	Camp?										
send Lener	Type									Date	Letter	Sent	Date Res	ponse Due
Received Letter	Туре								Date L Receiv		Evalua	tion		Abatement Date
Complaint		tion F	lanned?	If Yes, F	riority:	S	Tf	No,	Reason	1;		***************************************		
ection	Yes	ar To	(Name)	100				0000000000						
			Category	<u> </u>			1	ranste	er Date					
Optional	Type		Juliogory					17-1						
nformation	N	16	SILICA					Valu	ic.					
Close Complaint		1				************	<del></del>	·						

COMMENTS

Occupational Safety and Health Administration

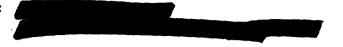
Inspection Number: 4 461018 **Inspection Dates:** 02/03/99 - 02/03/99 **Issuance Date:** 

02/19/99



### Citation and Notification of Penalty

Company Name: **Inspection Site:** 



Citation 1 Item 1 Type of Violation: Serious

29CFR1926.95: Personal protective equipment for the eyes were not used where it was necessary by reason of hazards encountered capable of causing injury or impairment in the function of eyes.

On or about February 3, 1999

Location: Rear of building.

a) Employees removing caulking and excess concrete from the face of the building, using Bosch model # 11310 EVS chipper and trimmer were not wearing protective goggles.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty:



600.00

Occupational Safety and Health Administration

Inspection Number: 221461018

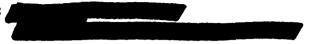
Inspection Dates: 02/03/99 - 02/03/99

Issuance Date: 02/19/99



### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 1 Item 2 Type of Violation: Serious

29 CFR 1926.404(b)(1)(i): Employer did not use either groundfault circuit interrupters as specified in paragraph (b)(1)(ii) of this section, or an assured equipment grounding conductor program as specified in paragraph (b)(1)(iii) of this section to protect employees on construction sites:

On or about February 3, 1999

Location: Rear of building,

a) The Mekita Model#4014 NV blower and the Bosch model # 11310 EVS chip hammer energized through extension cords connected to a make shift electric outlet, located in the elevator room were not provide with a ground fault circuit interrupter or an assured equipment grounding program.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$600.00

Occupational Safety and Health Administration

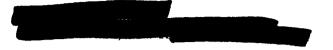
**Inspection Number:** 201461018 **Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99



### Citation and Notification of Penalty

Company Name: Inspection Site:

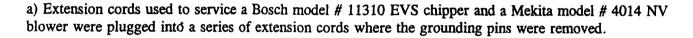


Citation 1 Item 3 Type of Violation: Serious

29 CFR 1926.404(f)(6): The path to ground from circuits, equipment, or enclosures was not permanent and continuous:

On or about February 3, 1999

Location: Rear of building



NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 600.00

Occupational Safety and Health Administration

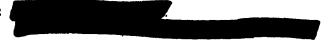
**Inspection Number:** 55/1461018 **Inspection Dates:** 02/03/99 - 02/03/99

Issuance Date: 02/19/99



### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 1 Item 4 Type of Violation: Serious

29 CFR 1926.405(g)(1)(iii): Flexible cords and cables were run through doorways, windows, or similar openings.

On or about February 3, 1999

Location: Rear of building,



a) An orange extension cord used to power a Mekita model # 4014 NV blower and a Bosch model # 11310 EVS chip hammer was run through a doorway.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: 5 600.00

Occupational Safety and Health Administration

**Inspection Number:** 301461018 **Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99



### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 1 Item 5 Type of Violation: Serious

29 CFR 1926.405(g)(2)(iv): Flexible cords were not connected to devices and fittings so that strain relief is provided to prevent pull from being directly transmitted to joints or terminal screws:

On or about February 3, 1999

Location: Rear of building,



a) Employees were working on a scaffold using a Bosch model # 11310 EVS chip hammer and a Mekita model # 4014 NV blower where the electrical cord's insulation was pulled away from the plug.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 600.00

Occupational Safety and Health Administration

Inspection Number: 501461018

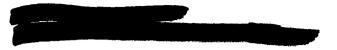
Inspection Dates: 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99



### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 1 Item 6 Type of Violation: Serious

29 CFR 1926.405(g)(2)(iii): Flexible cords were not used only in continuous lengths without splice or tape:

On or about February 3, 1999

Location: Rear of building

a) An orange extension cord used to power a Mekita model # 4014 NV blower and Bosch model # 11310 EVS Chip hammer was spliced.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 600.00

Occupational Safety and Health Administration

Inspection Number: 501461018

**Inspection Dates: 02/03/99 - 02/03/99** 

Issuance Date: 02/19/99



### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 2 Item 1 Type of Violation: Repeat

29 CFR 1926.403(i)(2)(i): Live parts of electric equipment operating at 50 volts or more were not guarded against accidental contact by cabinets or other forms of enclosures, or by any of the following means: (A) by location in a room, vault, or similar enclosure that is accessible only to qualified persons; (B) by partitions or screens so arranged that only qualified persons will have access to the space within reach of the live parts; (C) by location on a balcony, gallery, or platform so elevated and arranged as to exclude unqualified persons; (D) by elevation of 8 feet or more above the floor or other working surface and so installed as to exclude unqualified persons:

On or about February 3, 1999

Location: Rear of building,

a) Live parts of an electricity supply box operating at 480 volts, and stepped down to 110 volts, were not guarded against accidental contact.

WAS PREVIOUSLY CITED FOR A VIOLATION OF THIS OCCUPATIONAL SAFETY AND HEALTH STANDARD, ITS EQUIVALENT, OR ESSENTIALLY SIMILAR STANDARD, 29 CFR 1926.403(i)(2)(i), WHICH WAS CONTAINED IN OSHA INSPECTION NUMBER 301456166, CITATION NUMBER 01, ITEM NUMBER 04, ISSUED ON 12/17/97, FINAL ORDER DATE 1/13/98.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 2000.00

Occupational Safety and Health Administration

Inspection Number: 221461018

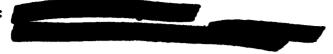
Inspection Dates: 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99



### Citation and Notification of Penalty

Company Name: **Inspection Site:** 



Citation 3 Item 1 Type of Violation: Other

29 CFR 1926.51(c)(2): Under temporary field conditions, provisions were not made to assure that not less than one toilet facility was available:

On or about February 3, 1999

Location: Rear of building



a) Employees removing caulking and resurfacing brick did not have access to a toilet.

ABATEMENT NOTE: a contractor employing 20 or less employees should have at least one toilet facility available for use.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated: Proposed Penalty:

Occupational Safety and Health Administration

Inspection Number: 52,461018 Inspection Dates: 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99



### Citation and Notification of Penalty

Company Name: **Inspection Site:** 



Citation 3 Item 2 Type of Violation: Other

29 CFR 1926.403(d)(1): Electric equipment was not firmly secured to the surface on which it was mounted:

On or about February 3, 1999

Location: rear of building,



a) A four plug extension cord outlet used to operate a Bosch model # 11310 EVS chipper was not firmly secured to a stable surface.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty:

Occupational Safety and Health Administration

**Inspection Number:** 5.,461018 **Inspection Dates:** 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99



### Citation and Notification of Penalty

Company Name: Inspection Site:



Citation 3 Item 3 Type of Violation: Other

29 CFR 1926.405(g)(2)(ii): Type SJ, SJO, SJT, SJTO, S, SO, ST, or STO flexible cords were used without being durably marked on the surface with the type designation, size, and number of conductors:

On or about February 3, 1999

Location: rear of building,

a) An extension cord used to power a Mekita model # 4014 NV blower was not marked with the type designation.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 0.00

Occupational Safety and Health Administration

Inspection Number: 50,461018

Inspection Dates: 02/03/99 - 02/03/99

**Issuance Date:** 02/19/99



### **Citation and Notification of Penalty**

Company Name: Inspection Site:



Citation 3 Item 4 Type of Violation: Other

29CFR1926.451(g)(1)(ii): A two-point adjustable suspension scaffold was not protected by both a personal fall arrest system and guardrail system.

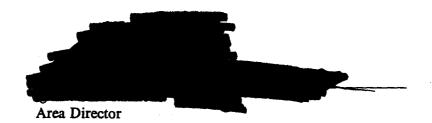
On or about February 3, 1999

Location: rear of building,

a) Two two-point adjustable suspension scaffolds were not provided with a standard guardrail system at each end.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated: Corrected During Inspection Proposed Penalty: \$ 0.00



## Occupational Safety and H Administration

### Notice of Alleged Safety or Health Hazards

Tue Jan 26, 1999 12:23pm



		Complaint Number	201994373
Establishment Name			
Site Address			
	Site Phone	Site FAX	
Mailing Address			
	Mail Phone	Mail FAX	
Management Official		Telephone	
Type of Business	construction		

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

#### **DESCRIPTION:**

- 1) Employees are exposed to silica during the grinding of cement pointing during the repair of the brick facing of the building No engineering controls of wet methods are being used.
- 2) Employees are exposed to fall hazards from sub-standard scaffolding as scaffolds are not fully planked and not provide with guardrails.

### LOCATION:

six story building renovation

Nonce	OI	Alleged	Salety	O1	Health	Hazards



tice of Alleged Safety or Healthazards	Occupational Safety and He ministr	OL GHA-7 (Rev.
D Date	1. Complaint Number	079139556
mployer Name	The secondary is the	V/ 0200330
te Location (Street, City, State, ZIP)		
alling Address (If different) (Street, City, State, ZIP)		
anagement Official	6. Telep	phone Number
De of Business	Sales Carlos Car	North Color of States of States North Robert States With Robert States of States
zard Description. Describe briefly the hazard(s) which you believe exist card:	t. Include the approximate number of employees e	xposed to or threatened by each
1.) Employees are expos		
mindie of court	and to silve a	the le
1 the lost land	The world of	The repor
barneering Control da	Level Suitan	91 - 120 MO LUBE 19
ded	nuss in standardiely and con	MOTE THAT HE DOWN THE
) Employees are exp	and to fol	honer
from sub-standard	scaffeldad as	Sid All
we not fully plank	ellon plens led	acust of 6
practiced () and of all	Diportion of Lagra	
For Federa: Employees:	S. C. Bothenzeu Febresehla was 1976	the response of
NOTE Section 11(c) of the Act provides awaren order safety and heper a providents	Ou for BUDIONAGE EXAM	:
nouty the employees of representative or the ampropria	36 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
cance with the provisions of this section as soon as	predetable to determine if such violation of a	ion or danger exists. If
purguent to entities to therein state that appear to purguent to entities to the purguent appearance to the purguent to the pu	ecem, of such notification the Secretar	y determines there are not the termines there in a soot
and the ties of the ties some	a copy of on any record published, release	ne names of individual
CHARLES CHARLES CHARLES TO A CHARLES CONTRACT TO A CHARLES CONTRAC	and the emptoyet of his agent no later	the time of in-
Unbloyee, or representative of entrovers who leader the date of mysical man, or that an improve it also become as the his sufficient representative of the control of the c	Figure 1 ray request an inspection be seen or dailigs. Any such notice shall be signed	y giving notice to the ne reduced to writing.
Sec. 8(ht) of the williams-Steiger Occupational Sale amployees of epiter intalive of employees who being the attent to that an improve a more sensitive of the arm of	where the alth Act. 29 U.S.C. 651, crivers a violation of a safety or healt exists, may request an inspection button or danger. Any such notice shall also seems.	y giving notice to the ne reduced to writing.
Togation: Specify the baticinal principles of employees or epide individual companions is said ambioyees. Or epide india, or that is in the many companions is a fine attent to his authorities of the processing or the authorities of the companions	A notation exists:	ecides as follows: Any in standard exists that by giving notice to the ne reduced to writing.
Sec. 8(ht) of the williams-Steiger Occupational Sale amployees of epiter intalive of employees who being the attent to that an improve a more sensitive of the arm of	A notation exists:	ecides as follows: Any standard exists that by giving notice to the ne reduced to writing.

Has this condition been brought to the attention of: (Mark "X" in all the Employer Other Government Agency (specify)	iat apply)		···			· .
Please indicate your desire:  Do not reveal my name to the Employer.  My name may be	revealed	to the E	mployer:			oor waa Maaransa sa
The Undersigned: (Mark X' in one box)  Employee  Representative of Employees  Other (specify)  Other (specify)  on this form.	Cern	1611 C	11180			
Complainant Name (Type or print name)				14 Teleph	one Numb	er
Address (Street, City_State, ZIP):			******	er er er er	7	Consider → S Society → Society
Signature:		n .		17. Date	1941	n water
If you are an authorized representative of employees affected by this c your title: Organization Name:		please st	Your Title:	the organization	on that you	÷×:sis
Reporting ID , 20. Previous Activity? Yes No	::::::::::::::::::::::::::::::::::::::	20.00	en (Mb))	21. Optional	Complaint	Number, in .
22. Establishment Name Change?   23. Site Address Change?				25. City C	ode	26. County Code
27. Seceived by 28. Send OSHA-77 29. Date of Yes No / 6	5/49	30. Tim		I. Supervisor(s	Assigned:	••
32. Primary SIC 33. Ownership (Mark "X" in one box) a. □ Private Sector b. □ Local G	overnme	nt c. 🗆 S	State Governmen	t d. 🗌 Federa	al Agency/	Code L
34. Styring the book			Severity		<u> </u>	
36. Is This a Valid Complaint?  X Yes  No		Disc	rimination []	_		
37. Formal Nonformal		Safe	Danger ty		rious	Other
38. Migrant Farmworker Camp		Hea	lth 🗍		×	
a. No Inspection — for Invalid Complaints  Too Vague or Unsubstantiated  Recent Inspection or Objective Evidence (Date of Inspection:  Not in OSHA's Jurisdiction  b. No Inspection — for Nonformal Complaints  No Imminent Danger or No Standard  No Direct Relation to S&H  Not Enough Information To Evaluate	) d. e.	☐ Comp	A-7 for Signature omplete or  ormal Complaint lomplainant Notification of Reveale owledgement to (completely)	Partial  Notification to led	ation of 11( d Ition of 11( optional)	
40. Date Letter Sent:	4	I. Date R	esponse Due (F	or letters c or	d):	
42. Inspection Planned? If Yes.  Yes No Priority:			If No. Reason:			
43. Transfer to (Name):	7 7		Other Federal A State/Local Gov			
Optional Information			0,1101			
e ID Value	Туре	ID		Value	2	
sicica						
Fores				·	47	. Total Entries
48. Close Complaint						
Comments:					<del></del>	<del></del>

÷ 00 %.

01/26/99

#### INSPECTION ASSIGNMENT

OSHA-168

2. CSHO ID

3. CSHO Assgn Date : / /
4a. Supervisor : G6803
4b. Supv Assgn Date : 01/26/99

5a. Trainee (s)

5b. Trainee (s)

6a. Estab Name

6b. Site Street

6c. City

9. Enter <Y> to pop up Related Activity Window:

10. PREVIOUS ACTIVITY

a. Type :

b. Number:

11. Insp Category : H

: 12. Primary SIC : 1522

: 13. Secondary SIC

: 15. Inspection Type : B

16. Inspection Classification

a. Safety Planning Guide

1. Manufacturing:

2. Construction :

Maritime

b. Health Planning Guide

1. Manufacturing:

2. Construction : X

3. Maritime

: 16c. Local Emphasis Pgm:

: 16d. Nat'l Emphasis Pgm: SILICA

: 16e. Migrant Farmworker:

: 17. Comments

9. RELATED ACTIVITY : Type Number :

C 201994373 :

Establishment Detail Screen Estab Name : Dunn's No. : Employer ID : Control Corp : Site Street : City :
State :
City Code :
Phone No : Zip : County Code : - FAX : Mail Street : City :
State :
Phone No. : Zip : FAX: Ownership : Link Name : Fed Agency Code :



### U.S. Department of Labor Occupational Safety as ealth Administration



MOD Date		1. Rer	orting ID	2. Inspect	ion Ni	nher				2 0	mi h					
			6000	30	146	6/0/8				3. Sam Nun	apling aber		16	83	792	4
4. Establishme	ent Name								· · · · · · · · · · · · · · · · · · ·	5. CSH				S. Sur	vey Date	
7. Person Pen	ormino Sam	olina (Sia	natural					<del></del>		12. Exp	950		Numb		12/99	?
		2				<del></del>				iz. exp	ormatic		Numb		Duration スムイ	6
8. Employee	Name, Addr	ess, Tele	phone Number							c. Freq	luency	8	40	/	1.7	-3
										13. We	ather C	Conditi	ons	14.	Photo	
					<del></del>		<del></del>								Y	
9. Job Title					140	Occupation (										
	146	ه ۸ د	_		10.	Occupation (	Jode									
11. PPE (Type	and effective	eness)	NON	e						<del></del>						
15. SLM	<del></del>		<del></del>				<del></del>		<del></del>	16. SLA	4 SN					
a. Time	b. di	BA	c. dBC	d. l	ocation.	of Test and	Rema	ırks								
						·				· · · · · · · · · · · · · · · · · · ·						
					00	- 01	V		5CG 1	Z Z	9/					
		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>														<del></del>
										<del></del>	*****			<del></del>	<del></del>	<del></del>
7.			1.										,		• • • •	
	-	·	<u> </u>				<del></del>	<del></del>	<del> </del>							<del></del>
	7. 7.	<del></del>	<del> </del>			<del></del>			7.3					<del></del>	:	<del> </del>
		7.3.	<del> </del>						· · · · · · · · · · · · · · · · · · ·	<del></del>						
		<del></del>				<del></del>				<del></del>	<del></del>	· · ·			<del></del>	
			<del>-}</del>					<del></del>								
							<del></del>									
~	7.								X.					11. 3.		-,
															-	
										<del></del>						
		· · · · · · · · · · · · · · · · · · ·						<del></del>	<del></del>				· · · · ·		<del></del>	
								<del></del>	<del></del>	·		·			1 1 1 1 -	
-1	. 735	<del></del>				· · · · · · · · · · · · · · · · · · ·	<del></del>	7.2. 5				<u> </u>		<u> </u>		
			<del></del>					·····/		<del></del>	·····		<u> </u>		<del></del>	
Dosimeter Data	<u> </u>	17. Dosi	meter SN:			(= <u>_</u>	0 45		90 dB							
18. Cell No(s)	12	2	90	٠ . ر	0191	30 18	o an		1 an gr	<del></del>	21. Re	adou	t SN			
19. Time On/Of				<u> </u>					12		22. To		_ >	<u>;</u>	711	·
	127		245	<del></del>			ļ	• • •			23. Ec				80	
20. Readout %	34		342								90	juivale F	// /	~ {//	80 (In	د ( ح
	83.5		31.8	<u> </u>					<u> </u>						d Vor	15
Exposure Sumi 24.   25.	26	27.	28.	1	29.	BÒ.		31.	32.	32	Citation	Infor	matic			
Line Substance No. Code	Sm	pl. Exp.	LEXPOSURE L	evel	Jnits 1			Adj.	Severity	No Cit.	FTA				Trng. Med	. Other
	0 1		81.	8	7.	100			0.81	<del>-   •   •   •   •   •   •   •   •   •   </del>	1	_Ap.	-			+
2. 8/1	1 1		83.		9.	50		/	1.67	1						+-
34. Total Numb	er "		· · · · · ·	<u>_</u>	<u> -                                   </u>			<u> </u>	1	Ca	se File	Page			7	-
of Lines (24	9); <u> </u>			•				-							of	}

Cont'd

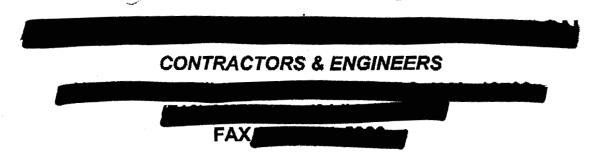


# U.S. Departm of Labor Occupational Safety as ealth Administration



MC	1		- 1-	. Repo 2/6	rting ID	2. Inspec	ction No	umber	18					Samp	ber		168	33	79:	32	
4.	Establishmen	Nome					`						5.	CSH	01D	6	6	. Sury	ey Da	je	
7. F	Person remor			olgin	***									. Exp	osure rmatior	a. 1			Durati		
8. 8	Employee /	-A	dress	Telepi	one Number	arl.	•						C.	Frequ	iency			 			
	1				-	5	1						13	. Wea	ther C	onditio	ons	14.	Photo Y		
	7			7															•		
9. J	lob Title	100	bor	~ /	~		10	Occi	pation C	ode			_								
11.	PPE (Type a				Non	, <del>-</del>							L		·			<u> </u>			
15.	SLM												16	. SLN	SN						
	a. Time	b	. dBA		c. dBC	d.	Locati	on of T	est and F	Remar	ks										
								ee	O	~		50	ca y	17	0/	/					
									W				,								
		<del>,</del>	<del></del>																		
				-	ļ		•								· ·		<del></del>		· ·		
		<del></del>	<u> </u>				er i nagres rendre dans sage			•							`\\ <u>\</u>	-			
							·														
				<del></del>		<del></del>								<del></del>			<del></del>				
		+																			
		_					-														
															<del></del>						
		+																	-		
	<del></del>	$\top$	*		1							<del>`</del>	<del>`````</del>			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	imeter Data		71		neter SN:	-25	95	61	8	0 dB		90	dB								
	Cell No(s)		30		90	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	` -								21. Re						
19.	Time:On/Off		45		2 43					~· <sub>&gt;</sub> ,		-	-`a.		22. To				9	~ /·	~
20.	Readout %		44		342							-		<del></del>	901				_	٤),	_
	osure Summ		2,0	0	3.6	<u> </u>	`		لسب			$\dot{\perp}$						10	-02		
24.	25.		26.	27.	28.		29.	30.			31.	32.			Citation						·
Line No.	Substance . Code	<u>.                                    </u>	Smpl. Type	Type	Exposure	Level	Units	-			Adj	Sev	enty	No Cit.	FTA	Over Exp.	Eng.	PPE	Trng.	Med.	Other
1.	8/10	2	P	P	0.3		70	-	100		×.		036		<del> </del>	<u> </u>					
2. <b>34.</b>	Total Number	r	10	17	07.	0	9,		50			0	,14		se File	Page	,		<u> </u>		$\vdash$
	of Lines (24)	:			 1					~	-							OS	01 HA-92	(Rev.	1/84)

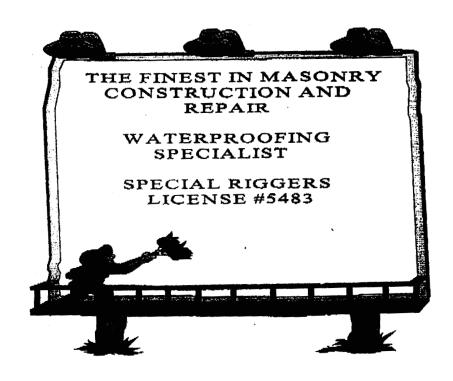
Cont'd

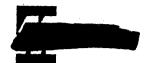


TOTAL NUMBER OF PAGES: Z
(INCLUDING THIS SHEET)

SUBJECT: INFORMATION ON RESPIRATORS + FILTERS

PLEASE NOTIFY THIS OFFICE IF ALL PAGES ARE NOT RECEIVED.





## **#8000 Series Filters NIOSH Approvals**



MOLDEX/METRIC INCORPORATED CULVER CITY, CALIFORNIA, U.S.A. 800/421-0668

- 1	ļ
1	9
- 1	5₩ 2
- 1	74.4

THESE	ILTERS ARE APPROVED ON	LYD	T	E F	m	IWI	VG C	ON	FIC	<u>iUr</u>	AT	<u>(O</u> )	VS:				
TE No.	PROTECTION		רבות בלום		1	CRP	ATE			ART	NID(	36			OLDE ETAIN		CAUTION& LIMITATIONS
		9 1 0	8 9	8 9 0	0 1	00 0 % M	8003	3 1 0 6	5 2 0	200	8 4 0	8500	8 6 0 0	8020	8 8	8 8	
84A-1343	Ren	X	1	+-	X	×	X	۲	٦	+*	+•	۲	18	<b>†</b> "	+ 2	0	ABCILMNO
84A-0117	P100	T	x		x	×	X				1	1	1	1	T	1	ABCILMN
84A-1443	P106	1_		¥	X	X	X					$\vdash$	1	1-		1	ABCILMN
SLA-1237	OV/NS6	X			X	x	x	x		-	$\vdash$			x	1		ABCHILMN
84A-1450	OV/P100	1-	x		x	×	x	x						<del>                                     </del>		×	ABCHILMN
Sta-1336	CL/HC/SD/er CD/er HF/er H5 (escape only)/N95	X			x	х	x		×	_				×		-	ABCILMN
844-1451	CL/HC/SD/or CD/or HR/ox HS (excape only)/Fx00	Γ	х		×	×	x		X							X	ABCILMN
MA-1329	OV/CL/HC/SD/er CD/ er HF/ or HS(eecape maly)/ NSS	X			x	х	x			x				x			ABCHILMN
84A-1452	DV/CL/RC/SD/or CD/ or HF/ or HS(escape only)/ P100		x		x	×	×			×						x	ABCHILMN
54A-1240	am/ma ngs	X			Х	X	X				X	-		X			ABCILMN
84A-1453	AM/MA/PLOO	Γ	-		x	χ̈́	X				X	==				-x-	ABCILMN
84A-1341	FM/N <del>%</del>	X			х	X	х	i	•	-	-	x		x			ABCIKLMN
84A-1454	FM/Pt00		x		x	x	x	1	•	_	7	x	$\vdash$	-		x	ABCIKLMN
844-1342	GV/AM/MA/CL/HC/SD/ . HP/or PM/or H5(recapt on/	х			x	x	x	1	1	-			x	×			ABCHIKLMA
B4A-1455	OV/AM/MA/CL/HC/SD/ or Cl//or HF/or FM/or RS(escape only)/F100		x	$\neg$	x	x	×	_	7	1		1	x			x	ABCHIKLMA

#### 1 PROTECTION

N95-Particulate Filter (95% efficiency level) P100-Particulate Filter (99.97% effective against particulate aerosol free of oil; time use restriction may apply

efficiency level) effective against all perticulate serosol

OV-Organic Vapor

HC-Hydrogen chloride SD-Sulfur dioxide CD-Chlorine dioxide HF-Hydrogen fluoride

FM-Formaldebyde HS-Hydrogen sulfide(escape only)

MA-Methylamine CL-Chlorine

### 2 CAUTION AND LIMITATIONS

A Not for use in atmospheres containing less than 19.5 percent oxygen.

B. Not for use in atmospheres immediately dangerous on life or health.
C. Do not exceed maximum use concentrations established by regulation standards.
H. Do not west for protection against organic vapors with poor warning properties or those which generate high heats of reaction.

J. Failure to properly use and maintain this product could result in injury or death.

R. The Occupational Safety and Health Administration regulations require gas proof goggles to be worn with this respirator when used

against formatics de

L. Follow the manufacturer's User's instructions for changing cartridges and/or filters.

M. All approved respirators shall be selected, fitted, used, maintained in accordance with MSHA, OSHA, and other applicable

regulations.

N. Never substitute, modify, add, or omit parts. Use only exact replacement parts in the configurations as specified by the manufacturer.

O. Refer to User's Instructions, and/or maintenance manuals for information on use and maintenance of these respirators.

FACE MASK RESPIRATOR - # 800ZM

FILTER - Ploo



April 10, 1997



Dear Sir or Madam:

This letter will certify that, at the time of shipment, Lehigh Portland Cement, Type I, complies with the standard chemical and physical requirements of the current ASTM C150-92 Specifications for Portland Cement.

Yours truly,

Quality Control Supervisor

HWW:jlc



CEMENT:

ASTM Type I/II (NYSDOT 701.01)

AASHTO Type I

Reference:

, November, 12-15, 96

Silos (Monjos Plant): 1,2,7

Mapufacturing dates:

October 25 - November 15

		1	Specification		Test follow.	TOT
TESTS CHARACTERISTICS		ASTM C-15	Requireme	AASHTO	ASTM norm	TEST RESULTS
		Type	Type II	Type	AS IM NORTH	RESULTS
CHEMICAL:		1	+	1	<del> </del>	
Silicon dioxide (SiO2)	%	1 .	Min. 20.0	1 .	C 114	21.59
Aluminum oxide (Al2O3)	%	l -	Max 6.0	1 -	C114	4.01
Ferric oxide (Fe2O3)	%		Mex. 6.0	1 -	C 114	3.41
Calcium oxide (CaO)	%	1 .			C 114	64.58
Magnesium Oxide (MgO)	· %	Max. 6.0	Max. 6.0	Max. 6.0	C114	1.25
Sulfur trioxide (SO3)	%	Max 3.0	Max. 3.0	Max. 3.0	C114	2.66
Potasium oxide (K2O)	%	-	}		C114	0.66
Sodium oxide (Na20)	*	1 -	1 -		C114	0.09
Titanium oxide (1702)	*		-		}	0.18
Loss on ingnition	%	Max 3.0	Max. 3.0	Max 3.0	C 114	4.00
Insoluble residue	% %	Max. 0.75	1	1	C 114	1.09
Free lime	%	Max. 0.73	MADE U.75	Max. 0.75	C 114	0.41
Na2O equivalent (1)	%	Max. 0.60 ept.			C 150	1.00
Tricalcium silicate (C3S)	×	Mest 0.60 opt	Max. 0.60 opt.	Mex. 0.50 opt.	C 150	0. <b>53</b> 59.4
Dicalcium silicate (C2S)	*	]		•	C 150	59.4 17.1
Tricalcium aluminate (C3A)	~ ~	1 -	Max 8		C 150	4.9
Tetracalcium aluminoferrite (C4A)			max o		C 150	10.4
PHYSICAL:					0.50	10.4
BLAINE Fineness	m2/Kg	Min. 280	Min. 280	280-400	G 204	398
Autoclave Expansion	%	Max. 0.80	Max. 0.80	Max. 0.80	C 151	-0.05
Time of Set Vicat (Initial)	min	45-375	45-375	45-375	C 191	130
Time of Set Vicet (Final)	min	•	•	-	- 1	190
Air content	%	12	12	12	C 185	7.2
Faise set (1)	. %		Min. 50 opt.	Min. 50 opt	C 451	84.3
		(1)	(1)	(1)	}	
Compresive strength: 1 days	Mpa	-	-	- 1	C 109	17.6
y 3 days	Mps	12.4	10.3	12.4	C 109	29.0
7 days	Mpa	19.3	17.2	19.3	C 109	33.5
28 days	Mpa	27.6 opt.	27.6 opt.	- }	C 109	-

28 days strength not yet available

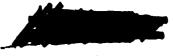
(1) NYSDOT 701.01 requirementes: Na2O equivalent Max 0.7 %

False set : Min 50 %.

Date:

November 26, 1996

Quality Manager:



OSHA 29CFR 1910.1200

#### **CORPORATE OFFICE**

January 1991

Material Safety Data Sheet

for

#### Portland Cements

Section I-Identity

Manufacturer's name and address:

Emergency Telephone Number:

Chemical Name and Synonyms: Portland Cement (CAS #65997-15-1)

Hydraulic Cement

Trade Name and Synonyms: I



Section II-Chemical Data

Chemical family: Calcium Salts

Formula: Portland cement consists of finely ground portland cement clinker mixed with a small amount of calcium sulfate to control set. Portland cement clinker is a sintered material produced by heating to high temperature (greater than 1200 degrees Celsius) a mixture of substances such as limestone and shale from the earth's crust. The substances manufactured are essentially hydraulic calcium silicates contained in a crystalline mass, not separable into the individual components.

Substances similar to the following are known to be present in portland cement:

> (CAS # 12168-85-3) 3CaO.SiO (CAS # 10034-77-2) 2Ca0.S10 3Ca0.Al<sub>2</sub>0<sub>3</sub> 4Ca0.Al<sub>2</sub>0<sub>3</sub>.Fe<sub>2</sub>0<sub>3</sub> CaS0<sub>4</sub>.2 H<sub>2</sub>0 (CAS # 12042-78-3) (CAS # 12068-35-8) (CAS # 13397-24-5)

Small amounts of CaO, MgO, K<sub>2</sub>SO<sub>4</sub>, Na<sub>2</sub>SO<sub>4</sub> may also be present.

7660 IMPERIAL WAY ● ALLENTOWN, PA 18195 ● 215/366-4600 ● FAX 215/366-4684

### Section III-Hazardous Ingredients

Ingredients: Portland cements are listed by OSHA in 29 CFR 1010.1000, Table Z-1-A, and require material safety data sheets (FR.January 19, 1989). MSHA (30 CFR 55.5.-1, Ref. 2), ACGIH (TLV's for 1973, Appendix E) and ACGIH (TLV's for 1984-5, Appendix D) list portland cements as nuisance dusts. Portland Cements are NOT listed by NTP, IARC, OR OSHA as carcinogens. However, since portland cement is manufactured from raw materials mined from the earth (limestone, marl, sand, shale, clay, etc.) and process heat is provided by burning fossil fuels, trace, but detectable, amounts of naturally occurring, and possible harmful, elements may be found during chemical analysis. Under ASTM standards, portland cement may contain .75 percent insoluble residue. A fraction of these residues may be free crystalline silica.

California & New Jersey Residents see attachment

### Section IV-Physical Data

Boiling Point: Not applicable, portland cement is a powdered solid.

Vapor Pressure: Not applicable, portland cement is a powdered solid.

Vapor Density: Not applicable, portland cement is a powdered solid.

Solubility in Water: Slight (0.1-1.0%)

Specific Gravity: (H,0=1) 3.15

Evaporation Rate: Not applicable, portland cement is a powdered solid.

Appearance and Odor: Gray, white, or colored powder; no odor.

Melting Point: Not applicable.

### Section V-Fire and Explosion Hazard Data

Flash Point: Portland cements are noncombustible and not explosive.

Flammable or Explosive Limits: Not applicable.

Extinguishing Media: Not applicable.

Special Firefighting Procedures: Not applicable.

Unusual Fire and Explosion Hazards: None.

Lower Explosive Limit: Not applicable.

Upper Explosive Limit: Not applicable.

### Section VI-Health Hazard Data

ACGIH Threshold Limit Value (1988-89):

Total dust containing no

asbestos and less than 1%

silica - 10 mg/m

OSHA PEL (Transitional):

Total dust - 50 million

particles/ft

OSHA PEL (Final):

Total dust - 10 mg/m<sup>3</sup>
Respirable dust - 5 mg/m<sup>3</sup>

### Effects of Overexposure:

Acute: Portland cement when dry is non-hazardous. When in contact with moisture (such as in eyes or on skin) or when mixed with water to make concrete, mortar, or grout it becomes highly caustic and will burn (as severely as third-degree) the eyes or skin. Inhalation of dry portland cement can irritate the upper respiratory system.

Chronic: Cement dust can cause inflammation of the lining tissue of the interior of the nose and inflammation of the cornea. Hypersensitive individuals may develop an allergic dermatitis. (Cement may contain trace (less than 0.05%) amounts of chromium salts or compounds including hexavalent chromium, or other metals found to be hazardous or toxic in some chemical forms. These metals are mostly present as trace substitutions within the principal minerals.)

Emergency and First Aid Procedures: Flush eyes immediately and repeatedly with water and seek prompt medical attention. Wash exposed skin areas with soap and water. If irritation or inflammation occurs seek prompt medical attention.

#### Section VII-Reactivity Data

Stability: Product is stable. Keep dry until used.

Incompatibility: Aluminum powder and other alkali and alkaline earth elements will react in wet mortar or concrete, liberating hydrogen gas.

Hazardous Decomposition Products: None

Hazardous Polymerization: Will not occur.

### Section VIII-Spill Procedures

Steps to be taken in case material is spilled: Use dry cleanup methods that do not disperse the dust into the air. Avoid breathing the dust. Emergency procedures are not required.

Disposal Method: Small amounts of material can be disposed of as common waste or returned to the container for later use if not contaminated. Large volumes may require special handling.

### Section IX-Special Protection Information

Respiratory Protection: Use a MSHA/NIOSH approved respirator in dusty environments.

Ventilation: Local exhaust can be used to control airborne dust levels.

Eye Protection: Use tight fitting goggles in dusty environments, or when working in concrete construction.

Skin Protection: Use barrier creams, impervious, abrasion— and alkali-resistant gloves, boots and protective clothing to protect the skin from prolonged contact with wet cement in plastic concrete, mortar or slurries. Immediately after working with cement or cement—containing materials, workers should shower with soap and water. Precautions must be taken. A cement burn occurs with very little warning as little heat is sensed by the skin.

#### Section X-Abbreviations

ACGIH	American Conference of Governmental Industrial Hygienists
	· · · · · · · · · · · · · · · · · · ·
ASTM	American Society for Testing and Materials
CAS	Chemical Abstract Service
CFR ft <sup>3</sup>	Code of Federal Regulations
ft <sup>3</sup>	Cubic foot
IARC	International Agency for Research on Cancer
<b>™</b> )	Cubic meter
mg	Milligram
MSHA	Mine Safety and Health Administration
NIOSH	National Institute for Occupational Safety and Health
NTP	National Toxicology Program
OSHA	Occupational Safety and Health Administration
PEL	Permissible Exposure Limit
TLV's	Threshold Limit Values

Note: This material safety data sheet attempts to describe as accurately as possible the potential exposures associated with normal cement use. Health and safety precautions in this data sheet may not be adequate for all individuals and/or situations. Users have the responsibility to evaluate and use this product safely and to comply with all applicable laws and regulations.

RWK: dam

#### MATERIAL SAFETY DATA SHEET

### SECTION 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

: NP1 All Colors

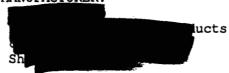
IDENTIFICATION NUMBER: 32-9XX

DATE PRINTED: 12/21/98

PRODUCT USE/CLASS : Sealant

SUPPLIER:

MANUFACTURER:



**EMERGENCY TELEPHONE:** 

EMERGENCY TELEPHONE: (800) 424-9300 24 HRS A DAY 7 DAYS A WEEK

PREPARER:

06

SECTION 2 -	COMPOSITION/	'INFORMATION	ON	INGREDIENTS
-------------	--------------	--------------	----	-------------

ITEM	CHEMICAL NAME	CAS NUMBER	WT/WT % LESS THAN
01	calcium oxide	1305-78-8	5.0 %
02	Limestone, Calcium carbonate	1317-65-3	20.0 %
03	titanium dioxide	13463-67-7	5.0 %
04	talc	14807-96-6	5.0 %
05	Silica, quartz	14808-60-7	1.0 %
06	Mineral spirits [Stoddard type]	8052-41-3	10.0 %

	ACGIH		EXPOSURE LIMITS OSH	COMPANY		
ITEM	TLV-TWA	TLV-STEL	PEL-TWA	PEL-CEILING	TLV-TWA	SKIN
01	2 mg/m3	N.E.	5 mg/m3	N.E.	N.E.	NO
02	10 mg/m3	N.E.	15 mg/m3	N.E.	N.E.	NO
03	10 mg/m3	N.E.	15  mg/m3		N.E.	NO
04	2 mg/m3	N.E.	2 mg/m3		N.E.	NO
05	.1  mg/m3	N.E.	.1 mg/m3	N.E.	N.E.	NO

N.E.

(See Section 16 for abbreviation legend)

100 ppm N.E. 525 mg/m3

carpery

(Continued on Page 2)

N.E.

#### SECTION 3 - HAZARDOUS IDENTIFICATION

EFFECTS OF OVEREXPOSURE - EYE CONTACT: Causes eye irritation.

EFFECTS OF OVEREXPOSURE - SKIN CONTACT: Causes skin irritation. Allergic reactions are possible. Repeated or prolonged contact with skin may cause sensitization.

EFFECTS OF OVEREXPOSURE - INHALATION: Harmful if inhaled.

EFFECTS OF OVEREXPOSURE - INGESTION: Irritating to mouth, throat and stomach.

EFFECTS OF OVEREXPOSURE - CHRONIC HAZARDS: This product contains solvents. Reports associate repeated and prolonged occupational overexposure to solvents with permanent brain and nervous system damage. Reports also indicate that solvents cause liver damage, kidney damage, and mucous membrane irritation. Be warned that intentional misuse by deliberately inhaling the vapors and/or the product contents (a process often called "sniffing") may be harmful or fatal. Preexisting respiratory or skin condition(s) may be aggravated by exposure. This product may contain a small amount [ <0.1% ] of toluene diisocyanate. NIOSH, NTP and IARC list toluene diisocyanate as a suspected carcinogen. Note also that prolonged repeated exposure to isocyanates can lead to skin sensitation. For persons so sensitized even breif exposures to the isocyanate can produce reddening, swelling, rash, or blisters. Similarly, prolonged and repeated exposure to isocyanates can lead to respiratory sensitization. In such individuals brief exposures to isocyanates at levels well below the TLV can produce chemical asthma, and nonspecific asthmatic conditions. This product contains silicon dioxide [quartz] which has been listed as a suspected human carcinogen by NTP and IARC.

PRIMARY ROUTE(S) OF ENTRY: SKIN CONTACT INHALATION EYE CONTACT INGESTION

#### SECTION 4 - FIRST AID MEASURES

FIRST AID - EYE CONTACT: Flush eye with water for 15 minutes. Get medical attention.

FIRST AID - SKIN CONTACT: Remove contaminated clothing and shoes. Wash affected area(s) throughly with soap and water. If irritation persist, seek medical attention.

FIRST AID - INHALATION: Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get immediate medical attention.

FIRST AID - INGESTION: If swallowed, DO NOT induce vomiting. Give victim a glass of water or milk. Call a physician or poison control center immediately. Never give anything by mouth to an unconscious person. Should vomiting occur, be sure to keep victum's head below hips to avoid aspiration of vomitus into lungs.

(Continued on Page 3)

Product: 32-9XX

Page 3

#### SECTION 5 - FIRE FIGHTING MEASURES

FLASH POINT: 121 F LOWER EXPLOSIVE LIMIT: 0.9 % (SETAFLASH CLOSED CUP) UPPER EXPLOSIVE LIMIT: 9.5 %

AUTOIGNITION TEMPERATURE: N/A

EXTINGUISHING MEDIA: CO2 DRY CHEMICAL WATER FOG

UNUSUAL FIRE AND EXPLOSION HAZARDS: Fire produces irritating or poisonous gas. Vapors can travel to a source of ignition and flash back. Solid stream of water or foam may cause frothing.

SPECIAL FIREFIGHTING PROCEDURES: May be ignited by heat, sparks or flame. Containers exposed to fire should be kept cool with water spray. Containers can build up pressure if exposed to heat (fire). As in any fire, wear self-contained breathing apparatus pressure-demand (MSHA/NIOSH approved or equivalent) and full protective gear.

#### SECTION 6 - ACCIDENTAL RELEASE MEASURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: Ventilate the area and remove all sources of ignition. Evacuate unneccessary personnel. Large spills should be handled carefully. Put on respiratory protection and necessary personal protective equipment. Dike or impound spilled liquid. Absorb spill with inert material (e.g. dry sand or earth), then place in a chemical waste container. Repeat sorbent/sweep cycle until the spill has dried up. Avoid runoff into storm sewers and ditches which lead to waterways.

#### SECTION 7 - HANDLING AND STORAGE

HANDLING: Use only in a well ventilated area. Keep out of reach of children. If user operations generate dust, fume, or mist, use ventilation to keep exposure to airborne contaminents below the exposure limit.

STORAGE: Keep container closed when not in use.

#### SECTION 8 - EXPOSURE CONTROLS/PERSONAL PROTECTION

ENGINEERING CONTROLS: Local exhaust ventilation may be necessary to control any air contaminants to within their TLVs during the use of this product.

RESPIRATORY PROTECTION: Wear NIOSH/MSHA approved respiratory protection when the product is mixed or applied in a poorly ventilated area or if workplace levels of ingredients exceed the TLV. Follow applicable federal, state, and local regulations.

OTHER PROTECTIVE EQUIPMENT: Where contact is likely, wear chemical

(Continued on Page 4)

## SECTION 8 - EXPOSURE CONTROLS/PERSONAL PROTECTION

resistant gloves, chemical safety goggles with a face sheild, and clean protective clothing to cover arms and legs to keep exposure to a minimum.

HYGIENIC PRACTICES: Do not take internally. Wash thoroughly after handling. Remove contaminated clothing and wash before reuse. Avoid breathing vapors from heated material. Avoid contact with eyes, skin, and clothing.

#### SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES

BOILING RANGE : 312 - 484 F VAPOR DENSITY : Is heavier than air

ODOR : Mild odor ODOR THRESHOLD : N/D

APPEARANCE : Pigmented paste EVAPORATION RATE: Is slower than Butyl

SOLUBILITY IN H2O : Slight <0.1 % Acetate

FREEZE POINT : N/D SPECIFIC GRAVITY: 1.1800
VAPOR PRESSURE : N/D ph @ 0.0 % : N/A
PHYSICAL STATE : Solid VISCOSITY : N/A

COEFFICIENT OF WATER/OIL DISTRIBUTION: N/A

(See Section 16 for abbreviation legend)

#### SECTION 10 - STABILITY AND REACTIVITY

CONDITIONS TO AVOID: Long term exposure to elevated temperatures.

INCOMPATIBILITY: Avoid contact with oxidizing material. Contact with water vapor.

HAZARDOUS DECOMPOSITION PRODUCTS: Acrid fumes. Oxides of carbon.

HAZARDOUS POLYMERIZATION: Will not occur under normal conditions.

STABILITY: This product is stable under normal storage conditions.

#### SECTION 11 - TOXICOLOGICAL PROPERTIES

PRODUCT DERMAL LD50: No Information PRODUCT ORAL LD50: No Information

PRODUCT LC50: No Information

#### COMPONENT TOXICOLOGICAL INFORMATION:

Limestone, Calcium carb titanium dioxide talc	No Information No Information No Information No Information	No Information 6450 mg/kg > 7500 mg/kg No Information	No Information No Information No Information 11mg/m3/1y-I
Silica, quartz	No Information	No Information	No Information

Mineral spirits [Stodda No Information > 5 g/kg >5500mg/m3/4H

(Continued on Page 5)

## SECTION 12 - ECOLOGICAL INFORMATION

ECOLOGICAL INFORMATION: No Information.

#### SECTION 13 - DISPOSAL CONSIDERATIONS

DISPOSAL METHOD: Review all local, state, and federal regulations concerning health and pollution for appropriate disposal procedures.

#### SECTION 14 - TRANSPORTATION INFORMATION

This material has been tested, and determined to be a non-combustible solid by ASTM test methods.

DOT PROPER SHIPPING NAME: Not Regulated

DOT TECHNICAL NAME: N/A

DOT HAZARD CLASS: N/A

HAZARD SUBCLASS: N/A

DOT UN/NA NUMBER: N/A

PACKING GROUP: N/A

RESP. GUIDE PAGE:

DOT PLACARD AT: N/A

DOT CLASS NUMBER: N/A

UN PROPER SHIPPING NAME: Not Requalted

UN HAZARD CLASS: N/A

UN CLASS NUMBER: AIR N/A

MARINE N/A

HAZARD SUBCLASS: AIR N/A

MARINE N/A

UN UN/NA NUMBER: N/A

UN PACKING GROUP: AIR N/A MARINE N/A

UN PLACARD AT: N/A

#### SECTION 15 - REGULATORY INFORMATION

U.S. FEDERAL REGULATIONS: AS FOLLOWS -

OSHA: Hazardous by definition of Hazard Communication Standard (29 CFR 1910.1200)

(Continued on Page 6)

Preparation Date: 07/2

#### SECTION 15 - REGULATORY INFORMATION

#### CERCLA - SARA HAZARD CATEGORY:

This product has been reviewed according to the EPA 'Hazard Categories' promulgated under Sections 311 and 312 of the Superfund Amendment and Reauthorization Act of 1986 (SARA Title III) and is considered, under applicable definitions, to meet the following categories:

IMMEDIATE HEALTH HAZARD CHRONIC HEALTH HAZARD FIRE HAZARD

#### SARA SECTION 313:

This product contains the following substances subject to the reporting requirements of Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 and 40 CFR Part 372:

----- CHEMICAL NAME ------ CAS NUMBER WT/WT % IS LESS THAN

#### TOXIC SUBSTANCES CONTROL ACT:

This product contains the following chemical substances subject to the reporting requirements of TSCA 12(B) if exported from the United States:

----- CHEMICAL NAME ----- CAS NUMBER Chlorobenzene 108-90-7

#### CALIFORNIA PROPOSITION 65:

WARNING: The chemical(s) noted below and contained in this product, are known to the state of California to cause cancer, birth defects or other reproductive harm:

----- CHEMICAL NAME ----- CAS NUMBER
toluene : 108-88-3
Silica, quartz : 14808-60-7
2,4-toluene diisocyanate : 584-84-9

INTERNATIONAL REGULATIONS: AS FOLLOWS -

CANADIAN WHMIS: This MSDS has been prepared in compliance with Controlled Product Regulations except for use of the 16 headings.

CANADIAN WHMIS CLASS: No information available.

#### SECTION 16 - OTHER INFORMATION

HMIS RATINGS - HEALTH: 2 FLAMMABILITY: 1 REACTIVITY: 0
PERSONAL PROTECTION: G

PREVIOUS MSDS REVISION DATE: 07/22/98

REASON FOR REVISION: Formula update.

VOLATILE ORGANIC COMPOUNDS (VOCS): 0.77 lbs/gal, 93 grams/ltr

(Continued on Page 7)

SECTION 16 - OTHER INFORMATION

LEGEND: N.A. - Not Applicable, N.E. - Not Established,

N.D. - Not Determined

This information is furnished without warranty, representation, or license of any kind, except that this information is accurate to the best of ChemRex's knowledge, or is obtained from sources believed by ChemRex to be accurate. No warranty is expressed or implied regarding the accuracy of this information or the results to be obtained from its use thereof. Chemrex assumes no responsibility for injuries proximately caused by use of the Material if reasonable safety procedures are not followed as stipulated in this Data Sheet. Additionally, ChemRex assumes no responsibility for injuries proximately caused by abnormal use of the Material even if reasonable safety procedures are followed. Buyer assumes the risk in its use of the Material.



NOTE:

This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuence of citations and essessment of possition. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). See definitions on the other side of form.)

				(See defini	itions on the other side of form	LJ
Case or File Mumber	Date of Injury or Onest of Ulness	Employee's Name	Cosupetion		Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate companions with supplications	Enter Mo./day.	Enter first name or initial, middle initial, last name.	Enter regular job titl activity employee we forming when injure onest of illness. In th of a formal title, enti- description of the en tluties.	id per- d or at he absence ar a brief	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in enother depart- ment at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the pert or parts of body affected.
mentary records.						Typical entries for this column might be: Amoustion of 1st joint right forefinger; Strain of lower back: Contact dermetitis on both hends; Electrocution—body.
w	(8)	(C)	(O)		(E)	(F)
					a de la companya de	S. Serbathe Store Louis .
	·					
						· · · · · · · · · · · · · · · · · · ·
	,	1	10	<del>} /</del>		
				1/6	)	
		*				
	N	14.1				
						10162 mindle =

For Calendar Year 19 Form Approved stablishment Na O.M.B. No. 1220-0029 See OMB Disclosure stablishment Address Statement on reverse. YRULNI to emostu0 bee to their t of, and Outcome of (LLNES) stalities Nonfatal Injuries Type of Iliness Fetalities Injuries With Lost Workdays yury eleted CHECK Only One Column for Each Illness Injuries lilnesses With Lost Workdays Hiness Without Lost (See other side of form for terminations Releted Without Loss Workdays r permanent transfers.) Workdays Mer DATE Enter num Enter a CHECK Enter DATE Enter s of death. CHECK if Illness CHECK If injury Involves Enter a Enter num-Enter num-Enter & CHECK deeth. CHECK IF ber of DAYS away ber of DAYS of if no entry was CHECK if ber of ber of if no entry was injury in-volves days Respiratory conditions due to toxic agents Poisoning (systemic ef-fects of toxic materials made in coliliness in-DAYS may mede in col-DAYE of from work. restricted Disorders associated involves days aver from work, or days of restricted umns 1 or 2 dissess or disorder days awa from work, or days of volves days umne 8 or 9. work activ Dust diseases of the lungs restricted but the injury f other occupaawey from work activ work. ity. physical agents ls recordable work. My. as defined above. work activity, or both, Q./day/yr, work activity, or both. (3) (4) (5) 16) (7) (9) (10) (11) (12) (13) (6) (c) (d) (e) (f) 1111111115

**OSHA No. 200** 

Certification of Annual Summary To

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

NOTE:

This form is required by Public Law 91-586 and must be trapt in the establishment for 5 years. Failure to maintain and post can result in the issuence of citations and essessment of penalties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupa-tional death; every nonfatal occupational literas; and those nonfatal occupations in-juries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

		· · · · · · · · · · · · · · · · · · ·		initions on the other side of form	
Cass or File Mumber	Date of injury or Onest of Moses	Employes's Name	Occupation	Department	Description of Injury or Illness
Enter a nonduplicating number which will facilitate comparisons with supple-	Enter Mo./dey.	Enter first name or initial, middle initial, last name.	Enter regular job title, not activity employee was performing when injured or at onset of liness. In the absence of a formal title, enter a brief description of the employee's duties.	Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in enother depart- ment at the time of injury or illness.	Enter a brief description of the injury or illness and indicate the part or parts of body affected.
mentary records.					Typical entries for this column might be: Amputation of 1st joint right forelinger; Strain of lower back; Contact dermetitis on both hands; Electrocution—body.
W	(8)	(C)	(D)	(E)	(F)
		14. 18. <b>9</b> . 10. 10.			THE PROPERTY OF STATE OF THE PARTY OF THE PA
					·
			·		
					TOTAL Section Control Control

Ompany N	lerne						Calen	uar Y	sar 19					Page	ol			1
stablishme																F	orm Approved	
slabilanme																	.M.B. No. 1220- See OMB D	0029 Disclosure
		TRUCKI 10								-							Statement o	n reverse
etalities	Nonfatel					-			and Ou	trome	W ILLI	ÍESS						
						Тур	of ille	1000					Fatalities	Nonfete	Houses	~		
rjury elsted	Injuries V	With Lost Worl	hdays	- p	Injuries Without Lost	CHE /See	CK On	ily One	Colun	on for t	ech III	ness	ilinos Reisted	Ilinesses	With Lost We	orkdays		ilinessee
mer DATE	Enter a	Enter a	E	Fare	Workdays	Or pe	vmana	nt tren	sfore.)			•			T	T		Without Lo Workdays
deeth, s./day/yr.	CHECK if injury involves deys away from work; or days of restricted work sctivity, or both.	CHECK is injury in- volves days away from work.	Enter number of DAYS away from work.	ber of DAYS of	Enter a CHECK if no entry was made in col- umns 1 or 2 but the injury is recordable as defined above.	l	Dust diseases of the lungs	Respiratory conditions due to toxic agents		Disorders due to physical agents	Disorders associated with repeated trauma	All other occupa- tional illnesses	Me./doy/yr.	Enter a CHECK if Hinese involves days aver from work, or days of restricted work activity, or both.	SMEA LLOW	Enter number of DAYS and from wear	ber of	Enter a CHI if no entry i mede in col- umns 8 or 9
					:	(a)	(6)	(c)	(7)	(0)	(1)	(0)			(10)	(11)	(12)	(13)
			<i>30</i>	67.16						7			ME	5				
						$\top$	T	$\neg$		1	1	+					<del>  -</del>	
						+	$\dashv$	-	-	-	+							<u> </u>
						+	+	-	_	_	4							
-						$\bot$		$\downarrow$	$\bot$	1	$\bot$	$\perp$						
-						+	4	_	4	4	-							24
-					L	1					$\perp$					~		
-	_					1				$\perp$								
-				,														
			-					T	T	T	T				-		<del>                                     </del>	
		Summery To														· .	L	

A No. 200

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

### TIME   Impulse   Projected   TOTAL   Standby   S7.57   S4.57   S4.				
Doesimeter   Start   Finish   80   80   90   90   90   90   90   90	6	9 6	112	15



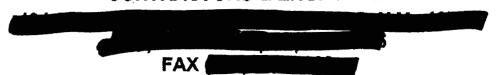
Company	Inspection Location	Inspection Number
9.7	RHIC +	T 115.11
Jehigh Sud +	water	Type I 42.6 kg
	Bre.	Anrico ? Fira
1 nont	- 2 days out, put ce	ent, 2 (caslish)
v 3 wees	-	
		(english)
today cal	King usually use	vacvion 1es 9-4
respirator	+ gosses, vecum	that is clarys or
told about	t gassles, vecum Hong dust + responsibor	that is clarify or
NON-UNIS	<u>-</u>	torne!
Forman -	7 SUNA	
		<u> </u>
1		
No EFC.		
	Chaps hommer 113	1485
U.S. GPO:1993-361-036		OSHA 94 (4/84)

Company	Inspection Location	ins	pection Number
<u> Xehigh</u>	Gortland Cenent	- Type ]	- 42.6 Fg
Shad +	4 USTCT		
	Dre	ATTICO	? Fora
1 2 1 6	2 days cut, put	B 2 4 7	
v 3 week	- Lays Cos, po	Cer	(tasis)
Sithy 4 couple	- hours		enelish)
today cal	King usually us	e vacvision	
still have	King usually use	ides	9-4
- respirator	t gossles, vecul	in that 15	clarge or
till of t	dust + respirator		-
1014 WS64 C			
70000 0000	,	<b>-</b> ′	
Forman -	7	,,-	*
			<u> </u>
No EFC	<del></del>		····
CalE			
	chaps hommer 1	(314ES	
U.S. GPO:1993-361-036			OSHA 94 (4/84)

Company	Inspection Location		Inspection Numb	er
Me Gre	widing			005
NOG FC	I 8 - vrage	wire	8	to ble
	Soft must be	mar Ex	5T	T
	long cont	be 5/21	rued	
	W16/2/21 m	19 WGS	Ult	ped
3000	rails must be les of scaffeld	J 5	ot C	
110	es of scaff		1710	EVS
			) / D	1
		<del>-   13</del>	05C	4
16/4/3				<del></del>
	here in peleir	e		
Just l	£ 101.		6.10	50,4140
-	- water	for p		-5-1de /-
1009	the mounted		· · · · · · · · · · · · · · · · · · ·	-0 /=cI
				- dyterion
- 1V	1 15/55		<b>-</b>	- ega
1 ENO	JAC C			- 14505 F
•			<del></del>	106 31 Fe
Did no +	- have glass.	c. , u	~	
i ha	ch 1/20 1. 1			
			7	947
1101	perior brace		<del>/                                    </del>	6/+5
7000	w/o cove	,5		
				<del></del>

Occupational Safety a .... realth Adminis Inspec Company Inspection Location 3050 1006

# **CONTRACTORS & ENGINEERS**



DATE: February 17th, 1999

TO: RECEIVED 3: 32

OSHA

FROM: Page 17 PM 3: 32

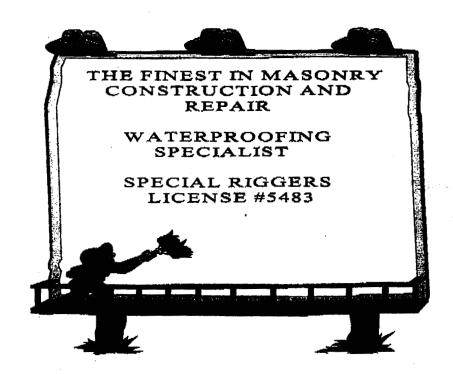
TOTAL NUMBER OF PAGES: 5 (INCLUDING THIS SHEET)

SUBJECT: As per your request.

Thank You.

Have a great day.

PLEASE NOTIFY THIS OFFICE IF ALL PAGES ARE NOT RECEIVED.



NOTE: This form is required by Public Low 91.596 and must be trust in the exhibitionness for 5 years. Follows to maintain and post can result in the immunes of citations and essential form.)

(See posting requirements on the other side of form.)

RECOMDABLE CASES: You are required to record information about every occupational death, every nonfatal occupational illness; and those nonfatal occupational injuries which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). See definitions on the other side of form.)

		g requirements on the other side of	r rom., r	Of work o	r motion, transfer to itions on the other si	o another ide of form	job, or medical trestment (other than first aid)
Come or File Mumbe	Injury or	Employee's Neme	Occupation		Department		Description of Injury or Illinos
Enter a novelup carring number which will facilitate comparisons with supplementary respects.	No./day.	Emer first name or initial, middle initial, last name.	Enter regular job titl activity employee wi forming when injure onest of litness, in the of a formet title, enter description of the en- dation.	is per- d or at le absence ar a brief	Enter department is the employee is red employed or a dead of normal workplas which employee is was though tempo working in another ment at the time of or illness.	ularly inipition on to essigned, rurily depart-	Enter a brief description of the injury or illness and indicate the part or parts of body affected.  Typical entries for this column might be:
							Amputerion of 1st joint right forefinger: Strain of lower back; Contact dermatitis on both hands; Electrocution—body.
(A)	(B)	(C)	(0)	1	(E)		(F)
							METOSTANIO IN ES
	<u> </u>		<del> </del>				
	-						
	<del> </del>						
	ļ						
!					1		
							<b></b>
;							
	<b>†</b>						
<u>i</u>	1						
	<del> </del>				<del></del>		
			<del>-</del>				
·							
							TO EAST A MARK CHAIR ON GRANT

05HA No. 200

# U.S. Department of Labor

IMPRILY MARTIN For Calendar Year 19 stablishment Name ezarbba inamerical Form Approved test of and Quicome of O M.B. No 1220-0020 See OMB Disclosure Nonfatzi injuries nt or, and companie of ILENESS Statement on reverse Type of Illness friumes With Lost Workdays Fetalities Nonfetal Illnesses Injuries CHECK Only One Column for Each Illness Without Lott (See other side of form for terminations deeth. CHECK if injury Ilinestes Mith Part Markdays Warkdays or permenant transfers.) Enter a A started Enter num Enter num. Binessas CHECK IF Enter & CHECK Der of QAYS away injury inber or Without Lo. if no entry was Enter DATE Enter a of death. CHECK DAYE of Respiratory conditions due to bouic agents mede in col-Workdays deys evre from work, or from work. Enter & /metric rest umme 1 or 2 away from Enter num-Enter numwork octiv ter of DAYS mey DAYS of work. Enter a CHL but the injury abes or disorder Poisoning September facts of toxic menuit lty. iliness in days of if no entry . involves days swi from is recordable from work. mede in col. as defined All other occupational inneres ./day/yr. work activity. or bath may from Matrictus! UMM & OF & above. Work, or days of restricted work WORK. werk with (2) (3) (4) (5) 18) ectivity, or both. (7) (8) loj lei (d) (9) (0) (4) (10) (11) (0) (12) (73) THE STATE OF THE S lon of Annuel Summary Totals By .... \_\_\_ Tiele \_\_ POST ONLY THE ia. 200 THE LAST PAGE NO LATER THAN FEBRUARY 1.

---- 44.43

This form is required by Public Law 81-506 and must be kept in the establishment for 5 years. Failure to maintain and pass can result in the issuence of situtions and assessment of panelties. (See posting requirements on the other side of form.)

RECORDABLE CASES: You are required to record information about every occupational death; every nonfatal occupational illness; and those nonfatal occupational juries which involve one or more of the following: loss of consciousness, restriction of work or motion, trensfer to another job, or medical treatment lotter than first aid (See definitions on the other side of form.)

Come or File Museulans	Date of Injury or Onest of Hinest	Employee's Neme	Occupation	Depurtment	Omeription of Injury or Illness
Enter a nondupli- cacing number while will equitants perisons with	Enter Mg./clay.	Enter first comm or initial, midsile initial, last name.	Enter regular job title, not activity employee was par- forning when injured or at pract of liness. In the elsence of a farmed sitle, enter a brief chargington of the amployee's duties.	Enter department in which the employed or a description of normal workplace to which employed e-subject, even though temporarily working in another department at the time of injury or literas.	Enter a brief description of the injury or litnes and indicate the part or parts of body effected
nancary ecords.	• • •				Typical entries for this column might be: Amputation of 1st joint right forelinger; Strain of lower back; Contact dermetits on both hands; Sectrocution—body.
A)	(8)	(C)	(D)	(E)	(F)
		and the same of th			
	<del></del>				
	·				
	<del></del>				
				A. A	
				<i>[</i>	
			70,0		——————————————————————————————————————
					*

**Q5HA No. 200** 

Air Sampling Report , Dat ₹ U.S. Department of Labor Occupational Safety and Health Admin. 1. Reporting ID: 216000 2. Inspection No: 301461018 3. Sampling Number: 912741238 4. Estaclishment Name. 7. Shipping Date: 02/18/1999 8. Date Results Received: 5. CSHQ ID: 09506 6 Sansling Date: 02/12/1 9. Joe Title LABORatt 11. Number Exposed: 12. Frequency of Exposure: Exposure Summary 13. 14. 15. 16. 17. 18. 19. 23. Citation Information 20. 21. 22. Line Sub. Req Smpl Exp Exposure Units PEL Adi Severity No FTA Over Eng. PPE Trng. Med.Other Code std Type Type Level Cit. Exp. 6301 3,1000 M A C Α В C D Ε A C Α 24. Additives (Enter Line No. for those agents contributing to additive effect): 25. Total Nurser of Lines (13): Analysis Results 26. Analyst's Comments (Including Analytical Method) GRAV 27. CHAIN OF CUSTODY a. Seals Intact? b. Recd in Lab c. Recd by Anal.

Time and volume changed to reflect Time On/Off on FMO1A. Corrected . time = 224 minutes, volume = 403.2 L.

Time and volume changed to reflect Time On/Off on FM91A. Corrected time = 177 minutes, volume = 318.6 L.

e Included in Calculations of:
1
. M BLK
. Y

IWA calculated on actual time sampled. The I.H. is free to make changes on the Form 918 and submit them directly to IMIS.

#### UNITS of MEASURE are:

P = Parts per million

M = Milligrams per cubic meter L = Milligrams per liter (urine)

F = Fibers per cubic centimeter

% = Percent

D = Micrograms per deciliter (blood)

X = Micrograms

Y = Milligrams

C = Pico curies per liter ( Radon gas)

Analyte codes are chosen by the laboratory. The I.H. should review them for applicability. if there are any questions call the laboratory for appropriate analyte codes (ie. ICP uses fume analyte codes when the IH may have sampled for dust). Sampling Number: 912741238 Electronic Copy

04-07-99 05:28AM

PUS

G

INIT

٧

d. Anal. Completed

e. Calc. Checked

f. Supr OK

Н

DATE

03/01/1999

03/05/1999

03/18/1999

03/19/1999

04/06/1999